



City and Port of Cardiff

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT
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J. GREENWOOD WILSON, M.D., F.R.C.P.

*Medical Officer of Health,
School Medical Officer,
Port Medical Officer*

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PREFACE

Year after year of late it has been my privilege to report record health statistics. The year 1948 was the best yet. Death-rate, 11.08; Infant Mortality Rate, 36, and Tuberculosis Death Rate, 0.74, being all the lowest in the history of Cardiff and comparing with rates of 30.0, 258, and 6.2 respectively a hundred years ago. The Maternal Mortality at 0.79 was also the lowest recorded. The Cardiff figures for 1948 for the most part also compare favourably with those for "England and Wales" and for the "126 Great Towns." The decline in bills of mortality for Cardiff as for the nation as a whole has corresponded with the appointment of medical officers of health and the steady building up of local government services following the Public Health Act 1848. It remains to be seen whether that decline will continue following the 1948 break up of the health services as we have known them brought about by the National Health Service Act of 1946. It will be interesting in years to come to compare the health statistics of England and Wales with those of Northern Ireland, where a pattern of *integration* has been introduced into the health services and particularly for tuberculosis control.

Cardiff's birth-rate, 20.26, again following the trend of the "126 Great Towns," shows a slight decline from the previous year. We are warned by the Report of the Royal Commission on Population that these are probably the last of the "war babies" (born following the return home of the men from the services) and that in future we may expect a resumption of the decline in the birth-rate that was evident before the War.

Only one death-rate shows an upward trend, and that is for cancer, i.e. from 1.73 for the 10 year period 1938-1947 to 1.92 in 1948. This need not necessarily be a cause of alarm. Many more people to-day survive to the age group when cancer is most common. At the other end of the scale, in relation to deaths of infants under one year of age (the infant mortality rate), we still find that the hard core of the problem, gratifying as is the overall reduction, lies in the relatively high death-rate of the newly born. "Always a serious business to live," said the sage, most hazardous of all in the first week of life when 37.5 per cent. of Cardiff's infant mortality occurred. Fifty per cent. of them died before they were one month old. Far and away the commonest cause of death in the first week is being born too soon. Scientists have yet to understand in every case the reason for this and until they do it will not be possible to devise adequate means of prevention.

The persistence of high mortality amongst the prematurely born is the more disappointing in that schemes for their special care have been started all over the country following the pioneer lead of Birmingham. In Cardiff we started our scheme in 1944 with a special "premature ward unit" and Human Milk Bank at St. David's Hospital, the appointment to the nursing staff there of a "nursery sister" to encourage breast feeding and help deal with infant feeding difficulties of all kinds and the appointment to the staff of the public health department of a specially trained "premature" health visitor to "follow-up" premature babies all over the city. She, like the St. David's Hospital nursing staff concerned, received several weeks' training at Birmingham in the details of their scheme for the care of premature infants. The deaths of premature infants in 1944 and subsequent years were as follows:—

Year	Number of Deaths attributed to "Premature Birth"		Percentage of Total Deaths under one year	
1944	...	59	...	28
1945	...	55	...	26
1946	...	58	...	26
1947	...	64	...	22
1948	...	44	...	24

The other great killer of infants is pneumonia but its attack is more evenly spread over the whole of the first year.

The number of deaths from road accidents continued to decline—25 as compared with an average of 33 for the preceding 10 years—a tribute generally to the road safety campaign and perhaps most of all to the many teachers who work so hard to teach the young to “look left and look right.” The number of injuries and deaths from accidents other than road accidents is not known with accuracy but it is certainly considerably higher than that for road accidents. It is high time that health departments made accident prevention an integral part of their routine health propaganda campaigns.

Communicable Disease.—*There were only 4 cases of Diphtheria and no deaths.* The corresponding figures in 1940 were 504 cases and 32 deaths. Diphtheria immunisation started in Cardiff in 1926 but gathered its full momentum in 1940 when the Ministry of Health following an inaugural appeal over the air by their Chief Medical Officer, Sir Wilson Jameson, launched their own all powerful propaganda campaign on a national scale. The success of the Cardiff scheme owes much to the tireless efforts of the epidemic officer, Mr. S. Mellings, Cert. San. I., to the skill and persuasiveness of the health department's medical staff led by the Deputy Medical Officer of Health (Dr. W. Powell Phillips) and to the zeal and enthusiasm of health visitors at clinics and in the homes. The lazy or apathetic have been reached by taking “mobile” immunisation in ambulances or vans right to their doorsteps. Mention must also be made of the material help given by certain of the family doctors. The dramatic fall in diphtheria incidence and mortality is one of the greatest triumphs of the preventive medicine of our time.

Scarlet fever continued to be widely prevalent but mild and 1948 was also a biennial peak year for measles, but only 2 died out of 1,324 cases and these were under 1 year of age. Of 531 cases of Whooping Cough, 4 died, 2 of these also under 1 year of age. Hope for the future control of Whooping Cough lies in the Whooping Cough vaccine trials now being carried out by the Medical Research Council at a number of centres, of which Cardiff is one.

Hospitals.—We are grateful to the Medical Superintendents for sending us reports for the first 6 months of the year 1948 before the hospitals passed from city to national ownership and happy to record that personally, though by no means necessarily through existing administrative machinery, a degree of co-operation continues. It is here appropriate to express appreciation also of their many years of faithful, loyal and efficient service to the Cardiff Corporation through the public health department, as also for their kindness and courtesy displayed to me personally at all times. This applies also to the former Master of City Lodge (now St. David's) Hospital, Mr. H. T. Roffey, and to Dr. John Jones, now Medical Superintendent of this institution. Apart from the happily continuing link with the former municipal hospitals through the personalities of their medical superintendents it is a pleasure to record the existence of an effective personal relationship with the House Governor of the ex-voluntary hospital, the Cardiff Royal Infirmary, Mr. A. Tunstall, as well as with the heads of medical and nursing staffs there. In this connection it is opportune to report that the authorities of Cardiff Royal Infirmary have been most co-operative in consultation as to the plans for the newly resumed building of the Maternity Hospital at Glossop Terrace, in which we are promised accommodation for a Maternity and Child Welfare Unit. In this way we shall continue in the future the lines of co-operation in teaching which were laid down years ago by Professor G. I. Strachan.

There are other important linkages with the hospital and medical world: the Provost of the Medical School, Professor R. M. F. Picken, is a co-opted member of the Health Centres Sub-Committee of the Health Committee as are also two well known general practitioners (Drs. C. E. G. Gill and J. D. Williamson). The nursing profession was until recently represented on this Sub-Committee by Miss E. Swift, Superintendent of the Home Nursing Section of the Cardiff Branch of the Queen's Institute of District Nursing.

The co-option on the Health Centres Sub-Committee of the Hon. John Bruce, Principal Secretary and Commissioner for Wales, is a tribute to the long and honourable record of service of the Order of St. John, Priory for Wales, to the Cardiff Corporation before they completed their own independent ambulance service. The Sub-Committee is honoured by the regular attendance of Sir Ewen J. Maclean, J.P., doyen of medicine in Cardiff, who is also a member of the Care and After-care Sub-Committee. With him on this Sub-Committee are, Dr. S. H. Graham, Chest Physician, from the old Tuberculosis Dispensary; Dr. T. J. Hennelly, from the former City Mental Hospital; Dr. V. Emrys Jones, from Glan Ely (Tuberculosis) Hospital, and Dr. M. G. Williams, General Practitioner and Honorary Secretary of the Local Medical Committee. On the Maternity and Child Welfare Sub-Committee, the College of Midwives is represented by Miss A. H. Colville, Maternity Sister at the Cardiff Royal Infirmary. In addition to all these co-opted members the Health Committee includes two elected Councillors who are also well known general medical practitioners in the town, Dr. C. A. Bence and Dr. James Walker.

The linkages are not entirely one sided, the Medical Officer of Health is a member of the Liaison Committee and of the Tuberculosis Committee of the Regional Hospital Board, also of the St. David's and Royal Hamadryad General and Seamen's Hospital House Committee and of the Local Medical Committee, which is in a sense a medical advisory committee to the Local Executive Council. The Medical Officer of Health is a member of the Obstetric Committee of the Local Executive Council, and members of the City Council have been appointed by the Minister of Health on the following Management Bodies:—

Welsh Regional Hospital Board: Councillor Helena Evans;

Board of Governors of the Teaching Hospital: Alderman James Griffiths, Alderman R. G. Robinson, Councillor Helena Evans;

Cardiff Hospital Management Committee : Alderman R. G. Robinson (Chairman), Alderman James Griffiths and Alderman W. R. Wills;

Whitchurch and Ely Mental Hospital Management Committee : Councillors Helena Evans, W. H. J. Muston, James Walker, M. Bryant, W. J. Hartland, E. E. Pearce and L. Doyle;

Local Executive Council: Alderman Sir Herbert Hiles (Chairman), Alderman James Griffiths, Councillors D. T. Williams, James Walker, W. J. Hartland, L. Doyle, R. G. Shute and C. A. Bence.

Apart from these opportunities of co-operation through committee work there are continuing linkages through *clinical* duties undertaken by medical members of the staff of the Medical Officer of Health. Thus Dr. Helena J. Webster continues in charge of the Venereal Disease Department at the Cardiff Royal Infirmary and with the help of Dr. N. K. Gibbs, she continues to conduct the ante- and post-natal clinics at St. David's Hospital and at the Cardiff Royal Infirmary. Dr. C. W. Anderson continues as Medical Superintendent of the Lord Pontypridd Hospital for Juvenile Rheumatism and Dr. Jean Smellie in the Orthopaedic Clinic at St. David's Hospital. Here too, the three Physiotherapists are still employed by the Cardiff Education Authority. In the eye work for that authority one of the assistant medical officers, Dr. P. E. M. Bowen, is active under the supervision of Mr. Rupert Parry, the Ophthalmologist, who himself continues regularly in eye work for the Cardiff Education Authority. To give an account of these arrangements is to be reminded of the importance of personal factors in the day to day working of the National Health Service since the appointed day. If the administrative machinery of the service has not "creaked" as much as some feared it would, this does not necessarily mean credit to the machinery itself. *It is perhaps not sufficiently realised how important it has been and how fortunate it has been for the operation of the new Act that in key positions all over the country the same individuals have continued at the same work. They have been used to working with each other over a number of years and continue to do so still although they may now be placed in sections of the service which have become entirely separated administratively.*

"Social Medicine".—Perhaps the most effective linkage of all with the hospital world in a practical way, is the ever growing system of follow-up of ex-hospital patients by health visitors of the public health department, referred to on page 9 of the Report. Working in closest consultation with the consultants concerned, these health visitors (now 7 of them) act as liaison officers between the hospital and the home, working as much as possible through the district health visitors. They and the district health visitors link up in the home not only with the ex-hospital patient (sometimes *before* he is discharged) and his family, but also with home nurses, midwives and family doctors whose confidence everywhere they are winning steadily, a confidence which will come even more readily when the ranks of the family doctors practising in the city are recruited from the present generation of medical students who will have got to know and appreciate the work of the "liaison" health visitors who accompany them with the consultants on ward rounds. There are friendly personal relationships between the "liaison" health visitors and hospital almoners and ward sisters, not only at the ex-municipal hospitals where the scheme was started in 1944 but also at the ex-voluntary teaching hospital. All credit is due to Dr. D. G. Morgan, Medical Superintendent of Llandough (ex-municipal) Hospital for his spontaneous acceptance of the proposal made to him by the medical officer of health for the starting of the "Social Medicine" or "hospital follow-up" scheme there in 1944 using the medium of "liaison" health visitors and for his valuable help in putting it into practice. The extension of the scheme since then to the ex-voluntary hospital has been assisted notably by two of the consultants on the staff there, Dr. Leonard Howells, Physician, and Dr. A. G. Watkins, Pediatrician. The diabetic "follow-up" sessions held at Grangetown Maternity Child Welfare and School Medical Service Clinic as part of the Council's "Care and After-care" arrangements include the services of a dietician from the ex-voluntary hospital to whom individual patients are referred by the physician, a chiropodist and a "nutritionist," an ex-domestic science teacher who gives mass demonstrations to the waiting patients on the preparation and cooking of food. The "liaison" health visitors, who know all the diabetic patients, are in attendance. The complexities of the diabetic life make the arrangements for its follow-up more detailed than those for the other types of illness follow-up. These include peptic ulcer and here the nutritionist's activities again come to the fore, pediatrics, tuberculosis, venereal disease, and prematurity (already referred to). Two "liaison" health visitors are engaged on follow-up for the diabetics and gastric cases, two for pediatrics, and one each for the other three conditions making 7 in all out of a total staff of 50 health visitors altogether working under a Superintendent Nursing Officer and her deputy, with a Health Visitor Tutor employed part-time by the Corporation and part-time by the medical school which is responsible for training health visitors in Cardiff. It is hoped to use her services with proposed further developments of the "social medicine" scheme to include the follow-up of asthma. Additional health visitors may also be required for this work, and another one may be required for the premature infant follow-up. It is admittedly a just criticism of the scheme that it is demanding of health visitor staff time when health visitors generally are in short supply, but it is contended that it is one of the most worthwhile of all the department's activities. The health visitors* engaged in them (some of them only part-time so that they don't lose touch with general duties), *have proved beyond doubt that there is no one better for medico-social work than a qualified health visitor chosen for her aptitude for it.* This of course is the essential question to ask oneself in choosing almost any kind of worker, medico-social and otherwise, i.e. has the worker the right personality and aptitude for the job, as well as the necessary qualifications "on paper"?

The "nutritionist," who is new in our social medicine scheme for hospital follow-up takes the place of a team of workers from the Food Advice Centre of the Ministry of Food, which I regret has been disbanded. They gave excellent service at our diabetic and at other clinics free of charge. We are indebted to the Ministry of Food and are trying to substitute for their work the services of the new appointee who as well as demonstrating at diabetic and gastric sessions will also do so at the ordinary maternity and child welfare sessions and when necessary visit homes to teach cookery and food preparation there.

* Here and in the foregoing, the term "Health Visitor" is deliberately used to avoid confusion (e.g. with the designation, "Home Nurse") but it must be emphasized that the basic training of these girls is general nursing and in fact the Cardiff Health Visitors who for many years have been also school nurses are normally designated "health nurses."

Changes.—The old Public Assistance Committee is no more. It managed City Lodge (now St David's Hospital), Ely Lodge (for the mentally handicapped) and Ely Children's Homes: it provided a free district medical service for the poor and arranged for the institutional treatment of the mentally ill. The Visiting (Mental Hospital) Committee has gone, Ely Lodge and the City Mental Hospital are now bracketed together under the Whitchurch and Ely Mental Hospital Management Committee of the Regional Hospital Board. The Ely Children's Homes are now administered by the new Children's Committee of the Cardiff City Council, which has also taken over the liability of the Health Committee partly to finance certain voluntary children's homes notably the Edward Nicholl Home. The control of foster-mothers and the boarding out of children have also passed from the Health Committee to the Children's Committee: the Health Visitor who used to specialise in this work on behalf of the Health Committee has undergone the necessary training to qualify as a Child Care Visiting Officer and is now on the staff of the Children's Department. The Medical Officer of Health is medical adviser to the Children's Committee and one of his assistant medical officers, Dr. P. E. M. Bowen, visits regularly the Children's Homes. The Mental Deficiency Committee has passed away, some of its members are co-opted onto the "Care and After-care" Sub-Committee of the Health Committee which includes amongst its duties responsibility for the care of the mentally handicapped and mentally ill. Through the Medical Officer of Health who was formerly "Medical Officer for Mental Deficiency," and his staff, the arrangements for the care of mentally handicapped continue much as before though under a different Committee. The new Committee have also taken over the admission arrangements for mentally ill persons requiring hospital treatment formerly carried out by "relieving officers" under the Public Assistance Committee and who are now styled "authorised officers." Dr. T. J. Hennelly, Medical Superintendent of the Mental Hospital which formerly belonged to the Corporation is now Honorary Consultant Psychiatrist to the Care and After-care Sub-Committee of the Health Committee.

The place of the Public Assistance Committee is taken by the Welfare Committee which administers the provisions of the National Assistance Act 1948 with care of the old people and the handicapped, including blind and deaf. It continues the policy of its predecessor in maintaining hostels for the aged. The Medical Officer of Health is medical adviser to the Welfare Committee.

No record of "changes" would be complete without some reference to the history of hospital administration by Cardiff City Council. In 1883, permission was obtained from the Marquess of Bute to establish a temporary (tented) hospital on Flat Holm Island in readiness for the reception of any cases of cholera which might occur amongst the shipping. This was subsequently replaced by a permanent building, including a crematorium. It was then intended to accommodate cases of plague as well as cholera. It was given up in 1936 on the suggestion of the Ministry of Health, for economic reasons.

Cardiff's Municipal Isolation Hospital—Ely Sanatorium as it used to be called, was built in 1892. The original Smallpox Hospital for the city was opened in 1895 in the grounds of the Isolation Hospital and continues to this day as old wooden huts used for stores. It was abandoned as a Smallpox Hospital in 1928 when a more modern building for the purpose was established 3 miles out from the Centre of Cardiff. This Institution, known as Caerau Smallpox Hospital, had 31 beds at first reserved for Smallpox, but with the decline in the incidence of this disease it came to be used for general infectious disease cases as an annexe to the Isolation Hospital. The original infectious disease and Smallpox Hospitals were under the genial administration of the late Dr. Broad who is still remembered by name—a great "character" in his day. The Health Committee used to meet regularly with him at the Isolation Hospital.

The amazing decline in the incidence of diphtheria, thanks to the success of diphtheria immunisation in Cardiff, has enabled the Caerau Smallpox Hospital for some years now, to be used for accommodating old people transferred there from the old "chronic" blocks at City Lodge (now St. David's) Hospital.

The first "iron lung" to be made in this country was designed by Dr. G. Emrys Harries, Medical Superintendent of the City Isolation Hospital, and Cardiff was the first provincial Health Authority to follow the lead of London County Council in ordering supplies of the "Both" respirator which is now in standard supply in the British Hospital Service. All this was in 1938.

Many years ago the Cardiff Board of Guardians realised that the accommodation at their City Lodge Institution for sick cases was both inadequate and, in certain parts, unsuitable. They accordingly, in 1912, purchased a site at Llandough, and proceeded to prepare a scheme for the building of a hospital there. The 1914-18 War intervened, and the Architect selected for the purpose died, so that the scheme was temporarily suspended. In the meantime, pressure on the beds at the City Lodge Institution was accentuated, especially in the hospital blocks, so that it became necessary to accommodate more and more of the sick in the old workhouse blocks, which were not designed for the purpose. Moreover, the hospital wards were becoming out-of-date and unsuitable for the modern requirements of medical, surgical and gynaecological treatment.

The scheme was revived after the War. Messrs. Willmott & Smith, Cardiff, and Messrs. Plevin & Jenkins, Cardiff, were appointed Architects and Consulting Engineers respectively. Plans were submitted to the Ministry of Health for a hospital consisting at the outset of *345 beds, but capable of extension to approximately 916.*

On 28th June, 1928, the Princess Royal, Countess Harewood, laid the foundation stone. The foundation work was proceeded with and was practically completed prior to the Cardiff City Council taking over the functions of the Cardiff Board of Guardians in April, 1930. The superstructure was, in the main, erected after that date.

The Hospital was formally opened by the late Alderman John Donovan, C.B.E., J.P., Chairman of the Health Committee, on 25th October, 1933.

At first a "nine days wonder" architecturally, and the "Mecca" of persons from all over the world with an interest in hospital architecture, Llandough Hospital in time came to be known more and more as a place where good work was done. The "Fireside Chats" inaugurated by the Medical Superintendent (Dr. D. G. Morgan) became a centre of attraction for medical men and women from the Cardiff area and beyond.

In all its developments Llandough Hospital was closely co-ordinated with City Lodge Hospital. Thus the first municipal accident unit, opened at City Lodge Hospital in 1935, treated its short stay cases there, but its long stay cases at Llandough Hospital. The first municipal asthma clinic was opened at City Lodge Hospital in the same year but its in-patients were treated at Llandough Hospital, where also the now well known researches of Dr. D. A. Williams and Mr. H. A. Hyde into pollen distribution and allergy were started at about this time.

Evidence concerning the Accident Unit was taken by the "Nuffield" and Ministry of Health Committees of Enquiry on the Treatment of Fractures. Their reports recommended the establishment of similar Units.

At City Lodge Hospital the Maternity Unit was brought completely up-to-date both in construction and in staffing. There also was established a modern unit for the treatment of premature infants, including a Human Milk Bureau, which was modelled on the famous one at Queen Charlotte's Hospital and was the first to be established by any municipality in this country.

On 1st May, 1946, by arrangement with the Cardiff City Council the Medical Research Council established at Llandough Hospital their Pneumoconiosis Research Unit which is now sponsored by the Ministry of Fuel and Power and by the Ministry of National Insurance. Under their auspices the Unit has been extended to include a total of 21 beds.

Before the "appointed day," there were also plans to extend Llandough Hospital (a) to meet the needs of general medical and surgical cases in the area, (b) to form a Cancer Treatment Unit.

In 1929 the City Council opened their Lord Pontypridd Hospital of 25 beds for observation, treatment and research at the centre of their rheumatism supervisory scheme. The supervisory scheme continues, but the hospital has joined Llandough Hospital and the Cardiff Royal Infirmary under the Board of Governors of United Cardiff Hospitals. City Lodge (now St. David's) Hospital, the City Isolation and Caerau Smallpox Hospitals have all gone to the Cardiff Hospital Management Committee under the Welsh Regional Hospital Board, and Ely Lodge, with the Cardiff City Mental Hospital is now under the Whitchurch and Ely Mental Hospital Management Committee also under the Board.

It would be hard to prove that any other hospital authority could have done more for hospital services than did Cardiff City Council with the resources at their disposal and during the period of time that was available to them.

One last change that must be mentioned relates to the Cardiff and County Public Health Laboratory which was founded in 1899 jointly by the Cardiff City and Glamorgan County Councils "for the bacteriological diagnosis of disease." In April, 1947, the Medical Research Council, acting on behalf of the Ministry of Health, set up its Public Health Laboratory Service for the nation. It was agreed by the Cardiff and County Public Health Laboratory Committee to hand over on 1st October, 1948, to the Regional organisation of the new National Service the bacteriological work which they had been carrying on for so long for their areas and for this purpose they agreed also to rent to the new authority the laboratory premises at the Institute of Preventive Medicine which they had used and owned. The Cardiff and County Public Health Laboratory continues therefore in the remainder of the premises to carry out chemical analysis of various kinds but mainly of samples taken under the Food and Drugs Act, 1938. It is fitting to record here the excellent spirit of co-operation shown by Dr. Scott Thomson, Director of the Medical Research Council's Regional Laboratory.

The "proposals" made by the "Local Health Authority" under the National Health Service Act, 1946, are reproduced in the body of the Report.

The work of the local sanitary authority, recorded in the contribution by Mr. W. G. Pyatt, Chief Sanitary Inspector, has proceeded with less interruption but there have been changes here, notably the extended anti-rat campaign, and the increase of staff for that purpose which was mainly achieved by transfer to the Health from the Public Works Department. Mr. Pyatt also reports a notable achievement in the coding of 18,000 housing applicants during the year.

Reports on Port Health and on School Health, follow Mr. Pyatt's. The School Health Service has also experienced and is experiencing many changes as a result of the National Health Service Act, 1946. Commentary on these must be deferred until the final pattern has more clearly emerged.

The Annual Report is the work of many hands of which I here make grateful acknowledgment, and particularly to Mr. A. E. Brain, Chief Clerk, who co-ordinates and edits the whole. The many activities described could never continue successfully without the constant encouragement, interest and advice of members of the Council, of the Health Committee and its Sub-Committees with their co-opted members.

Publications—

"Microclimate and Health" by J. Greenwood Wilson, M.D., F.R.C.P., *Municipal Journal*, 1st October, 1948.

"Ventilation and Health" by J. Greenwood Wilson, M.D., F.R.C.P., *Nutrition*, Vol. III, Nov./Dec., 1948.

- "The Public Health Laboratory Service and the Medical Officer of Health" by J. Greenwood Wilson, M.D., F.R.C.P. *Journal of the Royal Sanitary Institute*, Vol. LXVIII, No. 4, July, 1948.
- "The After-History of Juvenile Rheumatism" by C. W. Anderson, M.B., Ch.B., D.P.H., T.D.D. *The Medical Officer*, 11th, 18th and 25th December, 1948.
- "Some Aspects of the Mental Welfare of Children and Infants" by C. W. Anderson, M.B., Ch.B., D.P.H., T.D.D. *Public Health*, December, 1948.
- "The Extending Duties of the Health Visitor" by Miss Mary Davies, S.R.N., Cert. Health Visitor. *Journal of the Royal Sanitary Institute*, Vol. LXVIII, No. 4, July, 1948.

Public Health Department,
City Hall,
Cardiff.

J. GREENWOOD WILSON.

GENERAL HEALTH SERVICE

I—SUMMARY OF GENERAL AND VITAL STATISTICS

Area (acres):—

Including inland water	...	...	...	...	...	14,060
Excluding inland water	...	...	...	...	...	13,656

Population:—

Census, 1931	...	...	...	...	...	226,937
Registrar-General's estimate, mid-1948	240,600

Number of persons per acre	17.23
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Estimated number of inhabited houses (December, 1948)	55,215
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Estimated number of inhabited houses per acre	3.93
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Estimated average number of persons per occupied house	4.38
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Rateable Value	£2,048,206
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Estimated product of a penny rate	£8,300
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Live births	4,875	Birth-rate per 1,000	...	20.26
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Deaths	2,667	Death-rate per 1,000	...	11.08
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Excess of births over deaths—Males, 1,054; Females, 1,154	Total	2,208
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Deaths under one year	...	176	Death rate per 1,000 births	36
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Deaths of women in child birth:—

*Death-rate per
Number 1,000 Total Births.*

Puerperal sepsis	1	0.19
Other puerperal causes	...	...	...	...	3	0.60
Total	...	...	...	...	4	0.79

Deaths from various causes:—

*Death - rate
per 1,000.*

Typhoid fever	...	...	...	...	...	1	0.004
Measles	...	...	...	...	...	2	0.008
Scarlet fever	...	...	...	...	...	—	—
Whooping cough	...	...	...	...	...	4	0.01
Diphtheria	...	...	...	...	...	—	—
Tuberculosis of respiratory system	...	...	...	...	...	164	0.68
Other forms of tuberculosis	...	...	...	...	...	15	0.06
Cancer	...	...	...	...	...	463	1.92
Influenza	...	...	...	...	...	6	0.02
Acute poliomyelitis and polioencephalitis	...	...	...	...	...	3	0.01
Enteritis and diarrhoea (under 2 years)	...	...	...	...	...	21	4.30 per 1,000 births

GENERAL HEALTH SERVICE

II—AREA AND POPULATION

The area of Cardiff (land and inland water but excluding foreshore) is 14,060 acres.

According to the Census of 1931, the population of Cardiff (as extended on 1st April, 1938, by the inclusion of Rumney) was 226,937 (males 108,914, females 118,023).

The population at mid-1948, as estimated by the Registrar-General, was 240,600.

III—BIRTHS

The numbers of births and still-births registered and allocated to Cardiff during 1948, sub-divided according to sex and legitimacy, are shown in the following table:—

Live Births.

			Legitimate	Illegitimate	Total
Males ...	...	...	2,394	117	2,511
Females ...	...	...	2,272	92	2,364
Total ...	...	..	4,666	209	4,875

Still-births.

			Legitimate	Illegitimate	Total
Males ...	...	...	72	3	75
Females ...	...	...	57	1	58
Total ...	...	...	129	4	133

The following is a comparison of the birth-rate for 1948 and the preceding ten years with the birth-rates for England and Wales and the 126 Great Towns for 1948:—

				<i>Birth-rate per 1,000.</i>
CARDIFF	} 1948	...	...	20.26
	} 1938-1947	...	...	18.5
England and Wales, 1948	...	...	...	17.9
126 Great Towns, 1948	...	...	...	20.0

IV—DEATHS

Deaths from All Causes.—The total number of civilian deaths from all causes and at all ages registered during the year and allocated to Cardiff was 2,667 (1,457 males and 1,210 females). The total number of civilian deaths registered in Cardiff was 2,809, but 488 of these were deaths of non-residents, which occurred mainly in hospitals and nursing homes, and 346 deaths of residents of Cardiff occurred and were registered in other areas—including Penarth, where Llandough Hospital is situated. Allowance has been made for these outward and inward transferable deaths in arriving at the net number.

The following is a comparison of the death-rate for 1948 and the preceding ten years with the death-rates for England and Wales and the 126 Great Towns for 1948:—

				<i>Death-rate per 1,000.</i>
CARDIFF	} 1948	...	...	11.08
	} 1938-1947	...	...	13.0
England and Wales, 1948	...	...	...	10.8
126 Great Towns, 1948	...	...	...	11.6

The following table, compiled from figures supplied by the Registrar-General, shows the causes of death at various ages during 1948:—

CAUSES OF DEATH	ALL AGES			AGE PERIODS					
	M	F	Total	Under 1 yr.	1-5 yrs.	5-15 yrs.	15-45 yrs.	45-65 yrs.	65 years and upwards
Typhoid and Paratyphoid									
Fevers ...	1	—	1	—	—	—	1	—	—
Cerebro-spinal Fever ...	2	1	3	—	3	—	—	—	—
Scarlet Fever ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	2	2	4	2	2	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory									
System ...	93	71	164	—	—	1	98	53	12
Other Forms of Tuberculosis	9	6	15	3	6	—	5	1	—
Syphilitic Disease ...	12	7	19	—	—	—	2	14	3
Influenza ...	4	2	6	—	—	—	—	2	4
Measles ...	2	—	2	2	—	—	—	—	—
Acute Poliomyelitis and									
Polioencephalitis ...	1	1	2	—	—	—	2	—	—
Acute Infectious Encephalitis	—	1	1	—	—	—	—	1	—
Cancer of Buccal Cavity and									
Oesophagus ...	11	—	11	—	—	—	—	5	6
Cancer of Uterus ...	—	29	29	—	—	—	5	13	11
Cancer of Stomach and									
Duodenum ...	52	38	90	—	—	—	4	35	51
Cancer of Breast ...	—	50	50	—	—	—	6	26	18
Cancer of all Other Sites	181	102	283	—	—	—	20	134	129
Diabetes ...	2	8	10	—	—	—	—	4	6
Intra-cranial Vascular									
Lesions ...	107	142	249	1	1	—	4	58	185
Heart Disease ...	384	348	732	—	—	—	32	147	553
Other Diseases of the Circu-									
latory System ...	85	60	145	—	—	—	—	37	108
Bronchitis ...	98	44	142	8	1	—	5	33	95
Pneumonia ...	66	55	121	38	7	—	3	28	45
Other Respiratory Diseases	20	11	31	1	—	1	5	12	12
Ulceration of the Stomach									
or Duodenum...	25	5	30	—	—	—	5	11	14
Diarrhoea (under 2 years of									
age) ...	14	7	21	21	—	—	—	—	—
Appendicitis ...	6	5	11	—	—	—	2	6	3
Other Digestive Diseases ...	14	18	32	—	1	2	7	11	11
Nephritis ...	48	33	81	—	1	3	12	21	44
Puerperal and Post-abortive									
Sepsis ...	—	1	1	—	—	—	1	—	—
Other Maternal Causes ...	—	3	3	—	—	—	3	—	—
Premature Birth ...	28	16	44	44	—	—	—	—	—
Congenital Malformations,									
Birth Injury, Infantile									
Disease ...	26	21	47	39	1	2	3	2	—
Suicide ...	17	3	20	—	—	—	6	12	2
Road Traffic Accidents ...	18	7	25	1	2	2	9	5	6
Other Violent Causes ...	28	19	47	7	4	7	8	8	13
All Other Causes ...	101	94	195	9	5	3	22	34	122
All Causes ...	1,457	1,210	2,667	176	34	21	270	713	1,453

Cancer.—The number of deaths from cancer was 463 (244 males and 219 females). The deaths are classified according to age and localisation of the disease in the preceding table. The death-rates for 1948, compared with those for the preceding ten years, were as follows:—

	Death-rate per 1,000		
	Males	Females	Both Sexes
1948	2.19	1.69	1.92
1938—1947	1.79	1.66	1.73

Deaths from Road Traffic Accidents.—The number of deaths due to road traffic accidents during 1948 was 25, as compared with 28 during 1947 and with 33—the average annual number for the preceding 10 years.

Maternal Mortality.—The number of deaths due to puerperal and post-abortive sepsis was one and the number due to other maternal causes three, a total of four, corresponding to death-rates of .82 per 1,000 live births and .79 per 1,000 total live and still-births.

The maternal death-rates for 1948 compared with the death-rates for the preceding ten years were as follows:—

	Maternal Death-rate per 1,000 Live Births		
	Sepsis	Other Causes	Total
1948 ... ..	.20	.61	.82
1938—1947	1.03	1.87	2.90

Infant Mortality.—The number of deaths under one year of age was 176. Of these, 168 were deaths of legitimate infants and 8 were of illegitimate infants.

The infant mortality rate for 1948, compared with the rate for the preceding ten years and with the rates for England and Wales and the 126 Great Towns for 1948, was as follows:—

				<i>Deaths under 1 year per 1,000 Births.</i>
CARDIFF	} 1948	...	...	36
		...	...	55
England and Wales, 1948		...	...	34
126 Great Towns, 1948		...	...	39

The causes of death of infants under one year of age in age periods during 1948, (compiled from figures supplied by the Registrar-General), are shown in the following table:—

Causes of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks —3 months	3—6 months	6—9 months	9—12 months	Total
Whooping Cough ...	—	—	—	—	—	1	—	1	—	2
Diphtheria ...	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Resp. System	—	—	—	—	—	—	—	—	—	—
Tuberculosis Non-pulmonary	—	—	—	—	—	—	—	1	2	3
Measles ...	—	—	—	—	—	—	—	1	1	2
Convulsions ...	1	—	—	—	1	—	—	—	1	2
Diseases of Ear and/or Throat	—	—	—	—	—	1	1	1	—	3
Bronchitis ...	—	—	1	—	1	2	2	1	2	8
Pneumonia ...	4	3	1	1	9	10	14	4	1	38
Other Respiratory Diseases	—	—	—	—	—	—	—	—	—	—
Diarrhoea and Enteritis ...	—	—	1	1	2	10	2	5	2	21
Inflammation of Stomach ...	—	—	—	—	—	—	—	—	—	—
Congenital Malformation ...	3	2	—	2	7	—	3	3	1	14
Congenital Debility ...	—	—	—	—	—	—	—	—	—	—
Premature Birth ...	39	2	2	—	43	1	—	—	—	44
Injury at Birth ...	9	—	—	—	9	2	—	—	—	11
Other Diseases Peculiar to First Year of Life ...	10	2	1	1	14	—	—	—	—	14
Lack of Care of New Born ...	—	—	—	—	—	—	—	—	—	—
Other Causes ...	—	1	1	—	2	3	6	2	1	14
All Causes ...	66	10	7	5	88	30	28	19	11	176
Percentage ...	37.5	5.7	4.0	2.8	50.0	17.0	15.9	10.8	6.3	—

Authority	Population as estimated by Registrar-General Mid-1948	Per 1,000 Population		Typhoid and Paratyphoid Fevers	Death Rates per 1,000 Population from								Cancer (all forms)	Diarrhoea under 2 yrs. of age (per 1,000 births)	Infant mortality rate (per 1,000 live births)	Maternal Mortality (per 1,000 total births)			
		Birth-rate	Death-rate		Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Poliomyelitis & Polioencephalitis	Tuberculosis		Influenza				Pneumonia	From Sepsis	From other causes	Total
										Respiratory	Other forms								
Birmingham ...	1,096,100	19.5	9.8	—	0.40	0.03	0.40	0.01	0.59	0.04	3.2	0.46	1.82	3.2	31.6	—	0.69		
Bradford ...	288,500	18.8	13.4	—	—	0.01	—	0.00	0.42	0.06	5.1	0.59	2.24	5.1	43.0	—	0.89		
Bristol ...	435,000	18.0	10.5	0.00	—	0.01	—	0.00	0.47	0.06	0.3	0.44	1.78	0.3	24.5	0.37	0.74		
Cardiff ...	240,600	20.2	11.0	0.00	—	0.01	—	0.00	0.68	0.06	4.3	0.50	1.92	4.3	36.1	0.19	0.79		
Coventry ...	250,400	20.3	8.8	0.00	—	0.02	—	0.01	0.50	0.10	3.1	0.36	1.40	3.1	45.5	0.39	1.17		
Kingston-upon-Hull ...	294,200	22.7	11.1	—	—	0.01	—	0.01	0.58	0.09	6.1	0.72	1.80	6.1	46.2	—	0.72		
Leeds ...	501,900	18.4	11.8	—	—	0.01	0.00	0.00	0.49	0.05	6.6	0.46	1.91	6.6	35.0	—	0.21		
Leicester ...	280,300	19.1	10.8	—	—	0.00	0.00	—	0.57	0.07	3.5	0.33	1.88	3.5	38.3	—	1.09		
Liverpool ...	791,800	22.3	11.4	0.00	—	0.03	0.01	0.01	0.79	0.10	10.2	0.59	1.80	10.2	54.0	0.16	0.76		
Manchester ...	693,000	19.9	12.2	0.00	—	0.03	0.00	0.02	0.69	0.07	4.2	0.51	2.00	4.2	42.1	0.07	0.78		
Newcastle-upon-Tyne ...	293,600	19.4	11.8	0.00	—	0.01	—	0.00	0.77	0.08	5.4	0.45	2.00	5.4	38.0	—	0.85		
Nottingham ...	296,900	19.8	10.9	—	—	0.00	0.00	0.00	0.67	0.11	5.9	0.56	1.71	5.9	44.3	0.16	0.49		
Plymouth ...	188,940	21.3	12.2	0.00	—	0.01	0.00	—	0.73	0.12	2.7	0.48	2.09	2.7	29.7	0.24	0.73		
Portsmouth ...	216,200	21.0	11.0	0.00	—	0.01	—	0.00	0.54	0.06	1.9	0.37	1.82	1.9	23.2	0.21	1.50		
Sheffield ...	514,400	17.7	11.3	0.00	—	0.05	0.00	0.01	0.44	0.05	4.7	0.42	1.98	4.7	32.0	0.11	0.64		
Stoke-on-Trent ...	273,600	20.0	10.7	—	—	0.04	—	0.01	0.54	0.05	6.9	0.51	1.83	6.9	42.0	0.17	0.52		
Sunderland ...	180,600	21.4	12.4	—	—	0.03	—	0.01	0.59	0.14	9.3	0.65	2.02	9.3	55.0	0.25	1.01		
126 Great Towns ...	—	20.0	11.6	0.00	—	0.02	0.00	*	0.59	*	4.5	0.38	*	4.5	39.0	*	*		
England and Wales ...	—	17.9	10.8	0.00	—	0.02	0.00	*	0.51	*	3.3	0.41	*	3.3	34.0	0.24	0.78		

V—NOTIFIABLE DISEASES

(OTHER THAN TUBERCULOSIS).

The incidence of notifiable diseases (other than tuberculosis) is shown in the following table, which also shows the number of notified cases admitted to hospitals:—

Disease according to Notification	Cases Notified	Notified Cases admitted to Hospitals
Scarlet Fever	595	231
Whooping Cough	531	87
Diphtheria	4	4
Measles	1,324	69
Acute Pneumonia	185	18
Cerebro-Spinal Fever	20	20
Acute Poliomyelitis	24	23
Acute Poliоencephalitis	1	1
Acute Encephalitis Lethargica	—	—
Dysentery	104	21
Ophthalmia Neonatorum	33*	—*
Puerperal Pyrexia	47†	—**
Enteric Fever	—	—
Erysipelas	48	14
Malaria	1	2 (v)
Food Poisoning	4	—

* Including cases in institutions.

† Including cases in institutions.

** Including Institution cases transferred to hospital.

(v) Includes 1 case admitted direct from the Port Health Authority.

Scarlet Fever.—The number of notified cases of Scarlet Fever was 595, as compared with 434 in 1947. There were no deaths due to the disease.

Diphtheria.—The numbers of cases and deaths and the case mortality rate during each of the ten years 1939-48 were as follows:—

Year.	Cases.	Deaths.	Case Mortality per cent.
1939 ...	437 ...	14 ...	3.2
1940 ...	504 ...	32 ...	6.3
1941 ...	322 ...	12 ...	3.7
1942 ...	375 ...	16 ...	4.3
1943 ...	286 ...	9 ...	3.1
1944 ...	120 ...	6 ...	5.0
1945 ...	63 ...	3 ...	4.5
1946 ...	61 ...	— ...	—
1947 ...	20 ...	2 ...	10.0
1948 ...	4 ...	— ...	—

Enteric Fever.—No cases of Enteric Fever were notified during the year. The one death allocated by the Registrar-General to Cardiff was that of a seaman ordinarily resident in Cardiff who died at Hull.

Ophthalmia Neonatorum.—Thirty-three cases of ophthalmia neonatorum were notified, 15 of which occurred and were treated in institutions. Of the 18 domiciliary cases, 6 were treated by private medical practitioners and 10 by nurses of the Queen's Institute of District Nursing. In all cases treatment was successful and the vision was unimpaired.

The cases of notifiable diseases are analysed according to age and sex in the following table :—

Disease	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-35 years		35-45 years		45-65 years		65 yrs & upwards			All Ages		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	
Scarlet Fever	3	—	5	6	14	16	32	24	29	34	114	137	40	78	9	19	7	16	4	4	1	3	—	—	—	258	337	595
Whooping Cough	47	28	38	47	36	40	23	59	32	63	41	67	—	3	2	1	—	3	1	—	—	—	—	—	—	220	311	531
Diphtheria ...	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	2	4	—
Measles ...	30	45	86	94	83	88	103	102	110	107	217	220	11	10	3	3	3	4	—	4	1	—	—	—	—	647	677	1,324
Acute Pneumonia	6	1	7	6	1	3	3	5	7	2	11	6	3	3	—	—	14	12	11	9	33	14	18	10	114	71	185	
Cerebro-spinal Fever	3	1	1	3	1	—	—	—	1	1	2	1	—	1	—	1	—	1	1	—	2	—	—	—	—	11	9	20
Acute Poliomyelitis	1	—	5	2	—	—	1	1	1	2	2	—	1	—	1	3	1	1	1	—	—	1	—	—	14	10	24	
Acute Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—
Acute Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	1	4	5	1	5	2	11	10	8	7	16	20	—	2	1	1	1	4	—	2	2	1	—	—	—	50	54	104
Ophthalmia Neonatorum	22	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22	11	33
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	39	—	3	—	—	—	—	—	—	47	47
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	2	2	2	3	13	11	5	7	25	23	48	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	1
Food Poisoning	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	1	—	—	—	1	3	4

Food Poisoning.—Particulars of outbreaks of food poisoning during the year are given in the form prescribed by the Minister of Health, as follows:—

Total Number of Outbreaks	Number of Cases	Number of Deaths	Organism or other agents responsible with number of outbreaks of each	Foods involved with number of outbreaks of each
—	4 (Individual Cases)	None	Aertrycke in all cases	No specific foods identified

VI—HOSPITALS

In order to maintain the continuity of records right up to the time when the hospitals passed to the control of the Minister of Health, the work done in those previously controlled by the Health Committee during the first six months of 1948 is being recorded here with the co-operation of the Medical Superintendents who, despite the change of ownership and the consequent added demands upon their time with that of their staffs, have kindly consented to supply the information in the same form as hitherto. In making such a division which will always remind us of the "appointed day" under the National Health Service Act, 1946, it is gratifying to know that in Cardiff at least it does not mean that the three hospitals with which we have for so long been closely connected will pass completely out of our minds inasmuch as at Llandough Hospital and the Lord Pontypridd Hospital (now forming part of the teaching Hospital), the link up arrangements in the after-care of diabetic, gastric, cardiac and paediatric cases and of the rheumatism supervisory scheme are still a means of keeping in touch with the day-to-day work of these hospitals, and at the Isolation Hospital, through the work of the infectious disease section of the department as the local sanitary authority. Indeed, such co-operation has been extended to include in the case of diabetic, etc., the patients treated in the Cardiff Royal Infirmary (another part of the Teaching Hospital) and hitherto a voluntary hospital.

At St. David's Hospital (formerly the City Lodge) where the municipal maternity beds (always filled to capacity), the premature babies unit and the human milk bureau were already well established before the transfer, a full measure of co-operation is still maintained in the form of agreed arrangements for the control of admissions to the maternity beds, so far as is compatible with the constitutional changes, restricting admissions as far as possible to cases likely to present difficulty or complication at confinement, and by the employment of the Council's Medical Staff at the Hospitals' booking clinics and post-natal clinics. Medical staff from the department are also still engaged in the work of other hospitals, viz., the one devoted to the treatment of rheumatism in children and also at the venereal diseases treatment centre.

CITY ISOLATION HOSPITAL.

*Report of G. Emrys Harries, M.B., B.S. (Lond.), D.P.H., M.R.C.S., L.R.C.P.,
Resident Medical Superintendent, for the period 1st January to 4th July, 1948.*

"The old order changeth yielding place to new."

With the advent of the National Health Service Act the long and happy association between the Cardiff Corporation and the City Isolation Hospital comes to the parting of the ways. At the outset I would like to express my personal appreciation to the

members of the Cardiff Corporation and various officials, especially of the Health Department, for many acts of kindness, assistance and consideration.

In the course of the period 526 patients were admitted to the hospital.

Staff.—Nine members of the staff were Schick tested and one found to be positive was immunised against Diphtheria.

Eight nurses sat for Parts I and II of the Preliminary State Examination, all were successful in Part II and six were successful in Part I. Five successfully sat the Final Fever State Examination.

Scarlet Fever.—One hundred and sixty-one patients were admitted as suffering from Scarlet Fever, the diagnosis being confirmed in one hundred and fifty-three cases. In addition, one case admitted as Measles and one admitted as Glandular Fever were finally diagnosed as Scarlet Fever, making a total of one hundred and fifty-five true cases.

The remaining eight cases were finally classified as follows:—Glandular Fever 5, Measles 1, Whooping Cough 1, Non-Specific Erythema 1.

The cases of Glandular Fever, Measles and Whooping Cough are referred to in the respective section of this report.

The type of Scarlet Fever generally was of a mild character. All patients recovered. The principal complications were as follows:—

Complication	No. of cases	Percentage
Adenitis	42	27.09
Albuminuria	7	4.51
Otorrhoea	4	2.58
Rhinitis	2	1.29
Epistaxis	1	0.64
Whooping Cough	1	0.64

Cerebro-Spinal Fever.—The number of cases admitted as Cerebro-Spinal Fever was forty-six, of whom seventeen were finally diagnosed as such. In addition, one case admitted as Tuberculous Meningitis was diagnosed as Cerebro-Spinal Fever, making the number of true cases eighteen. There were two deaths among the true cases, giving a case mortality rate of 11.11 per cent.

Of the cases admitted as Cerebro-Spinal Fever two were found to be actually suffering from Glandular Fever, two from Measles and two from Whooping Cough, and are referred to in the respective sections of this report.

The remaining twenty-three cases were finally classified as follows:—

Diagnosis	No. of Cases	No. of deaths	
Pneumococcal Meningitis	1	1	Transferred to Llandough Hospital
Staphylococcal Meningitis	1	1	
Cerebellar Abscess	1	—	
Benign Lymphocytic Meningitis	1	—	
Tonsillitis	3	—	
Bronchitis	4	—	
Non-specific Erythema	1	—	
Atypical Pneumonia	1	—	
Pneumonia	4	1	
Influenza	3	—	
Rheumatism	1	—	
Coryza	1	—	
Dentition	1	—	

Diphtheria.—The number of cases notified as suffering from Diphtheria was fifty-one, of whom only three were true cases and three Diphtheria Carriers. The other forty-five cases were classified as follows:—

Tonsillitis	...	...	31	Glandular Fever	...	6
Laryngitis	...	...	4	Measles	...	1
Tonsillitis and Mumps	...	...	1	Specific Erythema	...	1
Broncho-Pneumonia	...	...	1			

The cases of Glandular Fever and Measles are referred to in the respective sections of this report. There were no deaths.

The types of Diphtheria were:—Faucial, 2; Faucial and Nasal, 1.

Measles.—Sixty-two cases were notified as suffering from Measles, the diagnosis being confirmed in fifty-four instances, twenty-two of whom had complications as follows:—

<i>Complication.</i>	<i>No. of cases.</i>
Broncho-Pneumonia	14
Broncho-Pneumonia and Impetigo	1
Broncho-Pneumonia and Pulmonary Tuberculosis	1
Pneumonia and Whooping Cough	2
Whooping Cough	1
Bronchitis	2
Laryngitis	1

The remaining eight non-Measles cases were finally diagnosed as follows:—

Scarlet Fever	1	Broncho-Pneumonia	1
Whooping Cough and		Glandular Fever	1
Broncho-Pneumonia	1	Pharyngitis	1
Impetigo	1	Measles contact	2

The cases of Glandular Fever, Scarlet Fever and Whooping Cough are referred to in the respective sections of this report.

In addition, one case admitted as Scarlet Fever, one as Diphtheria and one as Cerebro-Spinal Fever were finally diagnosed as Measles, making the total number of true cases fifty-seven; one case of Measles complicated with Broncho-Pneumonia, a baby of six months, proved fatal, giving a case mortality rate of 1.75 per cent.

Enteric Fever.—Two cases were admitted to the hospital as suffering from Enteric Fever, one case being finally diagnosed as Typhoid Fever, the other as Non-specific Enteritis. Both cases recovered.

Bacillary Dysentery.—Sixteen cases were admitted as suffering from this disease, the diagnosis being confirmed in twelve instances of whom nine were found to be due to Sonne infection and three Flexner. The remaining four cases were finally diagnosed as follows:—Non-specific Enteritis, 3; Ulcerative Colitis, 1.

Erysipelas.—Nine cases were admitted as suffering from this disease, the diagnosis being confirmed in six instances. The remaining cases were finally diagnosed as follows:—Mercury Sensitisation Rash, 1; Cellulitis, 1; Dermatitis, 1. All patients recovered.

Whooping Cough.—Fifty-one cases were notified to the hospital as suffering from this disease, the diagnosis being confirmed in forty-eight cases. The remaining three cases were finally diagnosed as follows:—Bronchitis, 1; Pneumonia, 1; Dentition, 1.

In addition, four other cases were finally diagnosed as Whooping Cough who were admitted as follows:—Cerebro-Spinal Fever, 2; Measles, 1; Scarlet Fever, 1; making fifty-two true cases in all. Thirteen cases were complicated by Broncho-Pneumonia, one of whom, a child of eighteen months, proved fatal. The case mortality rate was 1.92 per cent.

Chicken Pox.—Twenty-two cases, mainly from other institutions, were notified to the hospital as suffering from this disease, the diagnosis being confirmed in all cases. Two cases were complicated, one by Pneumonia and the other by burns. All patients recovered.

Poliomyelitis and Polio-Encephalitis.—Four cases were admitted as suffering from these diseases, the diagnosis being confirmed in three cases. The remaining case, admitted as Encephalitis, was finally diagnosed as Atypical Pneumonia.

All cases recovered.

Glandular Fever.—Four cases were notified as suffering from this disease, three were confirmed as such, and the remaining case diagnosed as Scarlet Fever.

In addition there were fifteen other cases finally diagnosed as Glandular Fever who were admitted as follows:—Diphtheria, 6; Scarlet Fever, 5; Measles, 1, Cerebro-Spinal Fever, 2; Septic Throat, 1; making eighteen true cases in all.

The case of Scarlet Fever mentioned above is referred to in that section of this report. All patients recovered.

Pemphigus.—Five cases of Pemphigus Neonatorum were admitted, the diagnosis being confirmed in four instances. The remaining case was finally diagnosed as Non-Specific Erythema. All patients recovered.

Pulmonary Tuberculosis.—Nineteen cases were admitted to this Hospital during the period, none of whom proved fatal.

Owing to the acute shortage of staff, we were reluctantly compelled to close the ward, seven patients being discharged home and the remaining twelve transferred to other hospitals.

Streptomycin.—

	Tuberculous Meningitis	Miliary Tuberculosis	Tuberculous Meningitis and Miliary Tuberculosis	Total
Cases admitted during the period ...	10	8	4	22
Number who died during the period	4	1	1	6
Number who died after July 4th ...	2	—	2	4

It will be seen from the above table that the recovery rate of cases of Tuberculous Meningitis (with or without Miliary Tuberculosis) was 35.72 per cent., and of Miliary Tuberculosis only, it was 87.5 per cent.

Although the recovery rate for Tuberculous Meningitis alone and Tuberculous Meningitis and Miliary Tuberculosis combined was comparatively low, one must remember that in Wales up to about September, 1947 (i.e. before the advent of Streptomycin), no case of Tuberculous Meningitis ever recovered, and recovery from Miliary Tuberculosis was rare.

In addition to the aforementioned cases, two other cases were admitted but did not receive treatment. One, a Tuberculous Meningitis, did not receive treatment because of the shortage of Streptomycin and was transferred to St. David's Hospital; the other, a case of Miliary Tuberculosis, was unsuitable for Streptomycin treatment owing to pleural effusion.

At the time of writing this report, the amount of Streptomycin available for treatment is unlimited, whereas during the period under review we were only able to treat a limited number of cases because the drug was in short supply.

Other Cases.—In addition to those classified above, there were fifty cases admitted (seventeen staff and thirty-three others) who were finally classified as follows:—

Mumps	...	...	...	8	Bell's Palsy	...	...	...	1
Lobar Pneumonia	...	...	...	7	Sub-Arachnoid Haemorrhage	...	...	...	1
Tonsillitis	...	...	...	7	Gingivitis	...	...	...	1
Coryza	...	...	...	3	Streptomycin Sensitivity	...	...	...	1
Laryngitis	...	...	...	2	Aphthous Stomatitis	...	...	...	1
Bronchitis	...	...	...	2	Septic Toe	...	...	...	1
Lumbago	...	...	...	2	Concussion	...	...	...	1
Rheumatism	...	...	...	2	Non-specific Erythema	...	...	...	1
Streptococcal Throat and Nephritis	...	...	...	1	Glandular Fever	...	...	...	1
Pneumonia and contact Scarlet Fever	...	...	...	1	Pneumonia	...	...	...	1
Broncho-Pneumonia	...	...	...	1	Cerebro-Spinal Fever	...	...	...	1
Atypical Pneumonia	...	...	...	1	Ulcerative Stomatitis	...	...	...	1
Influenza	...	...	...	1					

The cases of Glandular Fever and Cerebro-Spinal Fever have been referred to in the respective sections of this report.

There were no fatalities amongst these cases.

LLANDOUGH HOSPITAL

The Report of Dr. David G. Morgan, Medical Superintendent, on the Activities of Llandough Hospital during the period January 1st to July 5th, 1948.

On July 5, 1948, the hospital was taken over by the Board of Governors of the United Cardiff Hospitals under the National Health Service Act.

The report, although it is incomplete, does demonstrate the increased use made of the hospital beds, approximately 150 more patients being treated than during the corresponding period in 1947. This has had the usual repercussions on the Ancillary Departments—X-ray, Physiotherapy, Laboratory, etc.

It will be noted that there has been a further slight decrease in the number of deaths, which was the lowest on record.

The after-care activities of the Public Health Department with diabetic and gastric cases were found to be most useful to the Hospital and its Medical Staff. It was noted particularly that this service reduced substantially the re-admission rate of these cases. It is vital that this important link with the City Council should continue and in the future be extended to include other diseases. The Cardiff City Council was amongst the first to institute such a service and I am glad that it was started in association with Llandough Hospital.

NURSES' TRAINING SCHOOL.

The hospital was opened in October, 1933, when it was approved by the General Nursing Council as a Training School for nurses. In 1946, the hospital was approved as a Training School for Male Nurses.

Students spend twelve weeks in the Preliminary Training School before commencing duty on the wards, and on completion of three years' training, nurses are required to sit for the Hospital Examination and for the Final State Examination for admission to the General Part of the State Register for nurses. To those nurses who satisfy the examiners, Certificates of Training and Training School Badges are granted.

The Esther Roffey Gold Medal is awarded each year to the nurse who most distinguishes herself at the Hospital Examination.

The award in 1948 was gained by Miss D. V. Rees.

SOCIAL SERVICE DEPARTMENT.
(Period 1st January—5th July).

Income collected	...	...	...	£6,039 3 8
Patients admitted and interviewed	...	...	3,204	
Patients discharged and interviewed	...	...	3,003	
Relatives of deceased Patients interviewed	...	...	154	
Patients unable to make any payment for treatment received	...	...	220	
Number of Patients admitted under the Cardiff and District Hospital Scheme	...	...	1,204	
Income collected in connection with treatment carried out at the Asthma Clinic	...	...		£238 8 5
Income collected in connection with Out-Patient treatment at the Accident Unit	...	...		£1,092 7 11
Patients transferred to Miskin Manor, British Red Cross Auxiliary Hospital for convalescent treatment	...	...	176	

The number of necessitous patients and/or dependents assisted by the Hospital Samaritan Fund:—

Payments for Bus Fares	...	...	13
Grants for Food	...	...	32
Rents	...	...	1
Surgical Instruments	...	...	1
Comforts	...	...	9
Special Convalescent Treatment	...	...	1
			57

Samaritan Fund: Statement of Account.

Balance in hand	...	...	£316 1 5
Donations	...	...	27 7 1
Interest at Bank	...	...	1 15 6
Cash from Boxes	...	...	4 17 11
			£350 1 11
Expenditure	...	...	33 5 6
Balance in hand	...	...	£316 16 5

HOSPITAL LIBRARY SERVICE.

The number of library books issued during the period was 9,660,

Results of Treatment or the Termination.

							Number	Percentage
Cured	...	...	...	...	...	...	1,985	62.9
Improved	...	...	...	...	...	...	798	25.3
No change	...	...	...	...	...	...	210	6.6
Worse	...	...	...	...	...	...	10	.3
Died	...	...	...	...	...	...	154	4.9

Analysis of Deaths.

Age at Death—Years					Males	Females	Total	Percentage
Under 1	...	...	...	...	19	13	32	20.8
1 — 2	...	...	...	...	3	—	3	2.0
2 — 5	...	...	...	...	1	—	1	.6
5 — 15	...	...	...	...	4	—	4	2.6
15 — 25	...	...	...	...	5	1	6	3.9
25 — 35	...	...	...	...	3	4	7	4.5
35 — 45	...	...	...	...	3	7	10	6.5
45 — 55	...	...	...	...	18	10	28	18.2
55 — 65	...	...	...	...	24	12	36	23.4
65 — 75	...	...	...	...	9	12	21	13.6
Over 75	...	...	...	...	3	3	6	3.9
Total	...	...	...	...	92	62	154	100.0

	Treated	Percentage	Died	Case Mortality per cent.
Medical Cases ...	1,377	43.7	129	9.4
Surgical and Gynaecological Cases ...	1,780	56.3	25	1.4

				Number	Percentage
Deaths within 24 hours of admission	...	...	...	26	16.9
Deaths 24 to 48 hours after admission	...	...	...	24	15.6
Deaths 48 to 72 hours after admission	...	...	...	9	5.9
All other deaths	...	...	...	95	61.6
Total	...	...	...	154	100.0
Number of inquests	...	...	...	8	
Number of inquests per 100 deaths	...	...	...	5.2	
Number of autopsies	...	...	...	78	
Number of autopsies per 100 deaths	...	...	...	50.6	

WORK OF DEPARTMENTS.

Pathological/Research	Investigations	...	...	...	10,524
Surgical	Major operations	...	...	...	1,090
	Minor operations	...	...	...	630
Dental	Patients	...	...	...	16
	Attendances for treatment	...	...	...	20
Radiological	Patients investigated	...	...	...	2,832
	Investigations	...	...	...	4,708
Massage	Patients Treated	...	...	...	720
Exercise Classes	...	...	...	...	5,935
Vital Capacities	Readings	...	...	...	64
Nurses' Sick Room	Admissions	...	...	...	55

CLASSIFICATION OF THE DISEASES OR CONDITIONS FOR WHICH PATIENTS WERE PRIMARILY TREATED

(1st January—5th July, 1948).

	Males		Females		Total
	Discharged	Died	Discharged	Died	
INFECTIVE AND PARASITIC DISEASES.					
Infective Diseases Common in Tropical Climates	—	—	—	—	—
Infective Diseases Commonly Arising in the Intestinal Tract	2	1	3	—	6
Tuberculosis of the Respiratory System	7	1	7	—	15
Tuberculosis of Other Organs	6	1	6	1	14
Syphilis and its Sequelae	1	—	1	—	2
Gonorrhoea and Other Venereal Infections	—	—	—	—	—
Other Bacterial Diseases... ..	10	1	11	—	22
Influenza and Diseases Due to or Attributed to Filterable Virus	5	—	16	1	22
Other Infective and Parasitic Diseases	—	—	1	—	1
Rheumatic Diseases	8	—	9	1	18
NEOPLASMS.					
Malignant Neoplasms of the Buccal Cavity and Pharynx	—	—	1	—	1
Malignant Neoplasms of the Digestive Organs	15	9	12	8	44
Malignant Neoplasms of the Respiratory Organs	7	5	2	1	15
Malignant Neoplasms of the Breast and Female Genital Organs	—	—	19	2	21
Malignant Neoplasms of the Male Genital Organs	1	—	—	—	1
Other Malignant Neoplasms	6	1	3	2	12
Non-Malignant Tumours and Cysts	11	—	60	1	72
Tumours of Undetermined Nature... ..	1	—	—	—	1
GENERAL DISEASES.					
Allergic Disorders	14	1	27	1	43
Diabetes Mellitus and Disorders of Carbohydrate Metabolism	14	—	22	1	37
Diseases of the Thyroid Gland	3	—	30	—	33
Diseases of Other Endocrine Glands	1	—	1	—	2
Metabolic Disorders and General Diseases	1	—	2	—	3
Nutritional Diseases and Avitaminosis	—	—	—	—	—
DISEASES OF THE BLOOD: BLOOD-FORMING ORGANS AND LYMPHOID TISSUE					
	26	2	33	3	64
CHRONIC POISONING AND INTOXICATION					
	—	—	—	—	—
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.					
Inflammatory Diseases of the Brain, Spinal Cord and Meninges	3	1	6	—	10
Intracranial Lesions of Vascular Origin	1	2	5	3	11
Diseases of Intracranial and Peripheral Nerves	1	—	1	—	2
Mental Deficiency, Abnormal Character States and Psychoneuroses	3	—	4	—	7
Psychoses	—	—	1	—	1
Other Diseases of the Nervous System	2	1	1	—	4
Diseases of the Eye	14	—	18	—	32
Diseases of the Auditory System	15	—	15	—	30

Classification of the Diseases, etc.—continued.

	Males		Females		Total
	Discharged	Died	Discharged	Died	
DISEASES OF THE CIRCULATORY SYSTEM.					
Heart Diseases believed to be of Rheumatic Origin	11	1	19	3	34
Inflammatory Heart Disease (Non-Rheumatic or of Unspecified Cause)	1	1	—	1	3
Sclerotic, Hypertensive and Degenerative Heart Disease	25	8	28	4	65
Other Diseases of the Heart	6	2	7	3	18
Diseases of the Arteries	8	1	5	1	15
Diseases of the Veins	25	—	25	—	50
DISEASES OF THE RESPIRATORY SYSTEM.					
Diseases of the Nasal Fossae, Larynx and Bronchi	32	1	25	—	58
Inflammatory Diseases of the Lung and Pleura	107	14	78	6	205
Other Diseases of the Lung	110	3	2	1	116
DISEASES OF THE DIGESTIVE SYSTEM.					
Diseases of the Buccal Cavity	3	—	6	—	9
Diseases of the Pharynx and Oesophagus... ..	166	—	186	—	352
Diseases of the Stomach and Duodenum	90	6	23	2	121
Diseases of the Small and Large Intestines	127	7	131	5	270
Functional Disorders of the Stomach and Intestines	5	—	7	—	12
Hernia and Intestinal Obstruction	95	2	39	2	138
Diseases of the Rectum and Peritoneum	19	2	13	1	35
Diseases of the Liver and Biliary Passages... ..	11	—	27	2	40
Diseases of the Pancreas	1	1	2	1	5
DISEASES OF THE GENITO-URINARY SYSTEM AND BREAST (MALE AND FEMALE).					
Nephritis	10	4	6	1	21
Pyogenic Disorders of the Genito-Urinary Tract and Calculi	16	1	23	2	42
Other Diseases of the Genito-Urinary Tract	3	—	13	—	16
Diseases of the Male Genital Organs	30	—	—	—	30
Diseases of the Breast, Ovary and Parametrium	—	—	38	—	38
Diseases of the Uterus and Other Female Genital Organs	—	—	180	—	180
PREGNANCY, CHILDBIRTH AND THEIR COMPLICATIONS.					
Pregnancy, Malpresentations, Haemorrhages, and Toxaemias of Pregnancy (undelivered when admitted to hospital)	—	—	14	—	14
Other Complications of Pregnancy (undelivered when admitted to hospital)	—	—	10	—	10
Abortion (Spontaneous or Induced) Under Seven Months Gestation	—	—	146	—	146
Childbirth and its Complications	—	—	—	—	—
Other Complications of Childbirth	—	—	2	—	2
Complications of the Puerperium	—	—	24	—	24
DISEASES OF THE SKIN AND CELLULAR TISSUE.					
Infective Conditions of the Skin and Dermatitis	44	—	36	—	80
Other Skin Diseases	3	—	3	—	6
DISEASES OF THE BONES AND ORGANS OF MOVEMENTS.					
Arthritis and Rheumatism	11	—	14	—	25
Diseases of Bones and Joints	32	—	18	—	50
Diseases of Muscles and Ligaments—Deformities	2	—	7	—	9

Classification of the Diseases, etc.—continued.

	Males		Females		Total
	Discharged	Died	Discharged	Died	
CONGENITAL MALFORMATIONS	13	2	13	1	29
DISEASES PECULIAR TO THE FIRST YEAR OF LIFE	10	2	10	—	22
ILL-DEFINED CONDITIONS AND SYMPTOMS ...	44	2	93	1	140
SPECIAL ADMISSIONS OR EXAMINATIONS ...	8	—	13	—	21
PROPHYLACTIC INOCULATION OR NORMAL SUBJECTS AND SEQUELAE	—	—	—	—	—
SURGICAL AMPUTATIONS AND FITTING OF ARTIFICIAL LIMBS OR OTHER APPLIANCES ...	—	—	—	—	—
INJURIES AND ACUTE POISONING.					
Head Injuries	12	1	9	—	22
Open Wounds of Face and Neck	1	—	1	—	2
Superficial Open Wounds of Trunk	1	—	1	—	2
Open Wounds of Upper Limbs	3	—	—	—	3
Open Wounds of Lower Limbs	1	—	2	—	3
Open Wounds with Internal Injuries of Chest	—	—	—	—	—
Open Wounds with Internal Injuries of Abdomen	1	—	—	—	1
Multiple or Unqualified Open Wounds ...	1	—	1	—	2
Bruising, Contusions or Haematomata (With intact Skin Surface)	7	—	2	—	9
Foreign Bodies	4	—	7	—	11
Crushing Injuries	2	1	—	—	3
Traumatic Amputations	1	—	1	—	2
Nerve Injuries	—	—	—	—	—
Fractures of Skull	6	1	4	—	11
Fractures or Fracture-Dislocations of the Vertebral Column	2	—	1	—	3
Fractures of Trunk Bones	3	—	—	—	3
Fractures of Upper Limbs	4	—	1	—	5
Fractures of Lower Limbs	30	1	14	—	45
Multiple Fractures	1	1	—	—	2
Dislocations	3	—	—	—	3
Sprains and Strains	—	—	—	—	—
Loss of Sense following Injury	—	—	—	—	—
Vascular Lesions following Trauma (Arterio- venous Anastomosis, Traumatic Aneurysm and Arterial Haematoma)	—	—	—	—	—
Haemorrhage, Shock and Kindred Syndromes	—	—	—	—	—
Air or Fat Embolism	—	—	—	—	—
Other Complications of Trauma	—	—	—	—	—
Acute Poisoning by Toxins and Substances other than Gases	2	—	2	—	4
Poisoning and other Injury by Gases ...	—	—	—	—	—
Late Effects of Acute Poisoning	—	—	—	—	—
Burns and Scalds	13	1	10	—	24
General Effects of External Causes ...	—	—	—	—	—
Totals	1,344	92	1,659	62	3,157

PATHOLOGICAL REPORT.

HAEMATOLOGY.

Full Blood Counts	...	...	...	...	2,634
Leucocyte Counts	...	...	...	...	979
Coagulation and Bleeding Times	...	...	...	...	40
Grouping and Crossmatching	...	...	...	...	315
Reticulocyte and Platelet Counts	...	...	...	...	48
Miscellaneous	...	...	...	...	352
					<hr/> 4,368 <hr/>

BIOCHEMISTRY.

Bloods	...	...	...	...	1,274
Urines	...	...	...	...	148
Gastric Analysis	...	...	...	...	60
C.S.F.'s (also examined Bacteriologically)	...	...	...	...	350
Faeces	...	...	...	...	450
					<hr/> 2,276 <hr/>

PATHOLOGY.

Post Mortems	...	...	...	...	76
P.M. Sections	...	...	...	...	455
Biopsy Sections	...	...	...	...	463
Sputa and Pleural Fluids	...	...	...	...	104
					<hr/> 1,098 <hr/>

PHOTOGRAPHY.

Clinical Electrocardiographs	...	...	...	...	750
Clinical Photographs	...	...	...	...	349
					<hr/> 1,099 <hr/>

BACTERIOLOGY.

Swabs	...	...	...	...	337
Faeces	...	...	...	...	94
Urines	...	...	...	...	902
Pus	...	...	...	...	250
Miscellaneous	...	...	...	...	100
					<hr/> 1,683 <hr/>
Total	...	...	...	...	<hr/>10,524 <hr/>

Special Methods of Investigation:—

Barium meals	...	...	...	...	1,079
Barium enemata	...	...	...	...	183
Cholecystograms	...	...	...	...	123
Lipiodol injections	...	...	...	...	100
Urogram—intravenous	...	...	...	...	463
Total	...	...	...	...	1,948

Number of patients investigated	...	...	...	2,832
Average number of investigations per patient	...	...	...	1.7
Average number of investigations per discharged patient	...	...	...	1.5
Percentage of appearances abnormal	...	...	...	60.0
Number of appearances abnormal	...	...	...	1,713

DEPARTMENT OF PHYSOP THERAPY.

Treatments:—

Radiant Heat	...	...	...	...	1,102
Massage	...	...	...	...	466
Exercises	...	...	...	...	5,935
Ultra Violet	...	...	...	...	82
Class Rehabilitation	...	...	...	...	352
Vital Capacities	...	...	...	...	64
Wax—Paraffin Wax Baths	...	...	...	...	52
Electrical—Galvanic and Faradic Treatment	...	...	...	...	16
Ultra Short Wave	...	...	...	...	—
Total	...	...	...	...	8,069

Patients:—

Medical	...	...	...	...	185
Surgical	...	...	...	...	403
Orthopaedic	...	...	...	...	132
Total	...	...	...	...	720

NURSES' SICK ROOM.

Complement of Nursing Staff on June 30, 1948	...	...	165
Average daily complement of Nursing Staff	...	...	162.15
Nurses off sick from January to June, 1948	...	...	41*
Nursing days lost (including sick leave)	...	...	818 days
Average number of days lost:—			
per sick nurse	...	...	20
per nurse of the average daily complement	...	...	5

* 14 Nurses off twice, making 55 admissions to the sick room.

ANALYSIS OF OPERATIONS PERFORMED.

	Major	Minor	Total
On skin and superficial structures	14	78	92
On arteries, veins and lymphatics	27	9	36
On bones and joints	42	40	82
On muscles, tendons, bursae and fasciae	7	15	22
Amputations	4	2	6
On skull, brain and spine	6	4	10
On mouth, pharynx and oesophagus	8	4	12
On thyroid and accessory glands	19	1	20
On breast	11	21	32
On thorax and contents	2	8	10
On abdominal wall and cavity	342	10	352
On stomach and duodenum	59	16	75
On intestines, rectum and anus	16	59	75
On liver, gall bladder, pancreas and spleen	19	1	20
On kidney and urinary tract	9	52	61
On male generative organs	15	9	24
On female generative organs	114	242	356
On ear, nose and throat	344	50	394
Unclassified	32	9	41
Total	1,090	630	1,720

Operations performed by Consultant Staff	677
Operations performed by Resident Medical Staff	1,043

DENTAL DEPARTMENT.

Number of patients treated	16
Attendances for treatment	20

Analysis of Attendances.

For extractions under general anaesthetic	2
For extractions with local anaesthetic	18
For examination without extractions	—
Total	20
Total Number of teeth extracted	35

RADIOLOGICAL DEPARTMENT.

Analysis of Investigations.

Skull for injury	149
Skull and contents for disease or deformity	251
Lungs, mediastinum and pleural conditions	2,175
Heart and aorta	250
Oesophagus, stomach and intestines	51
Biliary passages	71
Urinary system	116
Generative system	10
Bones and joints for injury	604
Bones and joints for disease or deformity	749
Dental	148
Miscellaneous—for foreign bodies, etc.	134
Total	4,708

COMPARATIVE TABLE.

	1934	1935	1936	1937	1945	1946	1947	To July, 1948
Beds—Average daily complement	345	345	345	345	345	345	329	325
Average daily number available	343	343	342	342	333	333	327	323
Average daily number occupied	292	293	292	291	279	298	285	283
Average daily percentage of available beds occupied...	85	86	85	85	83.8	89.8	87	87.6
Average number of patients per occupied bed...	12.8	13.2	14.1	16.3	17.5	19.5	20.2	22.3
Average daily complement of nursing staff available	102	107	101	105	150	149	163	162.15
Average daily number of admissions	10,2	10.5	11.3	13.0	14.7	17.4	16.0	17.0
Patient days	106,590	106,859	106,733	106,023	93,010	99,181	104,125	52,259
Average length of stay per patient in days	28.5	27.7	25.9	22.3	19.2	17	17	16
Medical cases	1,404	1,498	1,456	1,958	2,362	2,353	2,626	1,377
Surgical cases	2,336	2,360	2,667	2,793	2,523	3,452	3,324	1,780
Total cases treated to a conclusion	3,740	3,858	4,123	4,751	4,885	5,805	5,950	3,157
Percentage of Patients—								
Cured or recovered from acute attack	58.6	57.4	60.7	61.2	61.1	65.2	62.9	62.9
Improved	27.0	24.4	21.1	21.7	25.4	22.8	24.9	25.3
No change	6.5	9.6	9.8	9.6	7.2	6.6	6.3	6.6
Worse	0.2	0.2	0.2	0.5	0.5	0.3	0.4	0.3
Died	7.7	8.4	8.2	7.0	5.8	5.1	5.5	4.9
Pathological investigations	5,263	6,148	7,015	9,732	16,444	22,671	22,814	10,524
Autopsies per 100 deaths	16.6	18.4	17.2	9.9	22.9	38.1	47.6	50.6
Operations—Major	991	1,266	762	672	1,538	2,099	1,972	1,090
Minor	928	714	1,365	1,763	957	1,310	1,250	630
Dental—Patients treated	115	109	89	97	43	22	40	16
Treatments	180	143	113	127	73	37	57	20
Radiological—Patients investigated	1,222	1,371	1,555	1,330	4,240	4,590	5,784	2,832
Investigations	2,193	2,282	2,646	3,535	5,110	5,762	9,122	4,708
Massage—Patients treated	64	45	15	20	878	674	1,101	720
Treatments	974	826	752	461	10,049	9,106	10,873	8,069
Ultra-Violet Light—								
Patients treated	64	89	22	28	—	—	—	82
Treatments	581	802	121	244	3,050	3,927	1,459	5,935
Exercise Classes—Attendances	—	—	—	—	108	134	159	64
Vital Capacities (Readings)	—	—	—	—	—	—	—	—
Patients seen at Admission Department	1,222	2,986	2,294	3,179	819	1,298	1,350	1,178
Asthma Clinic—New Cases	—	128	294	352	312	379	434	193
Accident Unit—New Cases	—	—	958	1,755	5,080	5,259	6,230	4,030
Admissions to Nurses' Sick-room...	47	58	78	72	47	85	154	55
Library Books Issue	—	—	—	—	19,880	21,323	21,083	9,660
Sum received at Hospital for treatment and maintenance	£1,947 3s. 7d.*	£3,815 13s. 2d.	£4,517 0s. 0d.	£6,944 6s. 10d.	£9,766 10s. 2d.	£11,588 5s. 9d.	£12,222 15s. 7d.	£6,039 3s. 8d.

* February to December.

ASTHMA RESEARCH DEPARTMENT.

Number of slides prepared and mounted	...	...	1,062
Number of slides counted	...	...	1,260
Number of mould graphs	...	...	6
Sample slides prepared	...	...	100
Number of differential counts on pollen used for extracts			54
Number of mould plates prepared and exposed			160
Number of subcultures	...	...	40
			<hr/>
	Total	...	2,682
			<hr/>

ASTHMA CLINIC.

January to June, 1948.

Number of new cases admitted	...	...	...	193
Number of Children:				
Males	...	...	50	
Females	...	...	29	
			<hr/>	79
Number of Adults:				
Males	...	...	48	
Females	...	...	66	
			<hr/>	114
Number of attendances	...	...	...	6,553
Number of children:				
Males	...	...	1,497	
Females	...	...	686	
			<hr/>	2,183
Number of Adults:				
Males	...	...	1,683	
Females	...	...	2,687	
			<hr/>	4,370
Number of cases referred by Private Practitioners	...			156
Number of cases referred by Public Health Department				
and School Medical Service	...	...		13
Number of cases referred from Llandough Hospital	...			1
Number of cases referred from Other Sources	...	...		23

VII—TUBERCULOSIS

New Cases of Tuberculosis.—The following tables show the age distribution and localisation of the disease among new cases of tuberculosis coming to the knowledge of the department during 1948:—

Cases of Tuberculosis by Age and Sex:—

Age Periods— Years			New Cases					
			Tuberculosis of the Respiratory System			Other Forms of Tuberculosis		
			Males	Females	Total	Males	Females	Total
0—1	...	...	—	1	1	1	—	1
1—5	...	...	5	4	9	9	5	14
5—10	...	...	6	6	12	4	2	6
10—15	...	...	5	6	11	3	4	7
15—20	...	...	9	19	28	1	4	5
20—25	...	...	28	42	70	4	6	10
25—35	...	...	47	45	92	4	1	5
35—45	...	...	25	17	42	—	6	6
45—55	...	...	35	8	43	—	2	2
55—65	...	...	26	4	30	1	—	1
65 and upwards	...	...	11	6	17	—	—	—
Total	...	...	197	158	355	27	30	57

Cases of Tuberculosis by Localisation of Disease and Sex:—

Form of Tuberculosis				New Cases		
				Males	Females	Total
Respiratory System	...	...	...	197	158	355
Nervous System	...	...	...	4	3	7
Intestines and Peritoneum	...	...	...	1	3	4
Vertebral Column	...	...	...	1	4	5
Bones and Joints	...	...	...	4	2	6
Other Forms	...	...	...	17	18	35
Total	...	...	...	224	188	412

Known Cases of Tuberculosis.—Cases of tuberculosis remaining on the register of notifications at the end of 1948 were as follows:—

Tuberculosis of the Respiratory System:—

Males	...	...	...	...	...	1,028
Females	...	...	...	...	...	822
Total	...	...	...	...	...	1,850

Other Forms of Tuberculosis:—

Males	...	...	...	...	...	216
Females	...	...	...	...	...	259
Total	...	...	...	...	...	475

Grand Total ... 2,325

During 1948 the tuberculosis nurses made 4,833 visits to homes of patients.

Deaths.—The numbers of deaths from tuberculosis of the respiratory system and from other forms of tuberculosis during 1948 were 164 and 15, the death-rates per 1,000 being 0.68 and 0.06 respectively. The tuberculosis death-rates per 1,000 in each of the ten years 1939-1948 were as follows:—

Year	Tuberculosis of the Respiratory System	Other Forms of Tuberculosis	All Forms of Tuberculosis
1939	0.88	0.14	1.03
1940	0.78	0.16	0.94
1941	0.91	0.18	1.09
1942	0.80	0.12	0.92
1943	0.78	0.12	0.90
1944	0.67	0.12	0.79
1945	0.81	0.09	0.90
1946	0.73	0.15	0.88
1947	0.70	0.10	0.80
1948	0.68	0.06	0.74

The two following tables show the age distribution and localisation of the disease among the deaths from tuberculosis during 1948.

Deaths from Tuberculosis by Age and Sex:—

Age Periods—Years	Deaths					
	Tuberculosis of the Respiratory System			Other Forms of Tuberculosis		
	Males	Females	Total	Males	Females	Total
0—1	—	—	—	2	1	3
1—5	—	—	—	4	2	6
5—15	—	—	—	—	—	—
15—25	9	14	23	1	1	2
25—35	12	22	34	1	—	1
35—45	26	15	41	1	1	2
45—55	17	9	26	—	1	1
55—65	21	6	27	—	—	—
65 and upwards	8	4	12	—	—	—
Total!	93	71	164	9	6	15

Deaths from Tuberculosis by Sex and Localisation of Disease:—

Form of Tuberculosis	Deaths		
	Males	Females	Total
Respiratory System	93	71	164
Central Nervous System	5	3	8
Intestines and Peritoneum	—	1	1
Vertebral Column	—	—	—
Bones and Joints	—	—	—
Lymphatic System	—	1	1
Genito-urinary System	—	1	1
Disseminated Tuberculosis	4	—	5
Total	102	77	179

The number and percentage of cases that were previously unknown to the department will be seen from the following figures:—

	Total Number of Deaths	Deaths of Cases previously unknown	
		Number	Percentage
Tuberculosis of the Respiratory System ...	164	11	6.7
Other Forms of Tuberculosis	15	2	13.3
Total	179	13	7.2

Treatment.—The following tables give particulars of the examination and treatment of Cardiff cases under the scheme of the Welsh National Memorial Association (now the Welsh Regional Hospital Board) during 1948.

New Cases:—

Examined 4,077

Found tuberculous:—

(a) Pulmonary 285

(b) Non-Pulmonary 29

Found non-tuberculous 3,412

Other cases previously doubtful found on re-examination to be tuberculous:—

(a) Pulmonary 56

(b) Non-Pulmonary 21

Found non-tuberculous 342

RESIDENTIAL TREATMENT.

(a) Hospital (Respiratory Cases).

	In Institutions on first day of year	Admitted	Transferred	Total	Discharged			Died	Transferred	In Institutions on last day of year
					Quiescent	Improved	No material Improvement			
Definitely tuberculous ...	172	274	1	447	27	136	74	60	4	146
Doubtfully tuberculous, admitted for observation	5	27	4	36	Tuberculous	Non-Tuberculous	Doubtfully Tuberculous	—	—	4
					18	5	9			
Total ...	177	301	5	483	45	141	83	60	4	150

(b) Hospital (Non-Respiratory Cases).

	In Institutions on first day of year	Admitted	Transferred	Total	Discharged			Died	Transferred	In Institutions on last day of year
					Quiescent	Improved	No material Improvement			
Definitely tuberculous ...	26	51	—	158	9	28	8	2	2	28
Doubtfully tuberculous, admitted for observation	—	11	1	15	Tuberculous	Non-Tuberculous	Doubtfully Tuberculous	—	—	4
					5	1	2			
Total ...	26	62	1	173	14	29	10	2	2	32

(c) Sanatorium (Pulmonary Cases).

	In Institutions on first day of year	Admitted	Transferred	Total	Discharged			Died	Transferred	In Institutions on last day of year
					Quiescent	Improved	No material Improvement			
Definitely tuberculous ...	70	68	—	318	17	47	3	1	—	70
Doubtfully tuberculous, admitted for observation	—	5	—	9	Tuberculous	Non-Tuberculous	Doubtfully Tuberculous	—	—	1
					3	—	1			
Total ...	70	73	—	327	20	47	4	1	—	71

VIII—VENEREAL DISEASES

The following is a summary of the returns relating to persons dealt with at the venereal disease treatment centres during 1948.

	Cardiff Royal Infirmary	Royal Hamad- ryad Seamen's Hospital*	Auxiliary Centre for Mothers and Children	Institu- tions outside Cardiff	Total
A. Number of <i>persons residing in Cardiff</i> dealt with during the year for the first time and found to be suffering from:					
Syphilis	127	75	14	—	216
Soft Chancre	—	44	1	—	45
Gonorrhoea	224	257	3	4	488
Conditions other than Venereal ...	473	83	163	4	723
Total	824	459	181	8	1,472
B. Number of attendances of all patients residing in Cardiff	8,822	3,743	2,061	28	14,654

* The figures relate to seamen, whether residents of Cardiff or not.

Examination during 1948 of pathological material from *patients residing in Cardiff* and patients at institutions in or belonging to Cardiff:—

	Microscopical		Other Tests for Diagnosis of Venereal Disease
	For Syphilis	For Gonor- rhoea	
Specimens examined at the Treatment Centre, Royal Hamadryad Seamen's Hospital*	—	19	—
Specimens examined at the Cardiff and County Public Health Laboratory from:—			
Treatment Centres:—			
Cardiff Royal Infirmary	53	1,068	2,549
Royal Hamadryad Seamen's Hospital*	—	—	702
Auxiliary Centre for Mothers and Children	—	275	195
Public Health Department	—	—	2,345
Other Sources	—	628†	2,134†
Total	53	1,990	7,925

* The figures relate to seamen, whether residents of Cardiff or not.

†First three quarters only.

Up to 4th July 190 doses of arsenobenzene compounds were supplied in 6 instances to 3 individual private medical practitioners.

The following table shows the numbers of *all persons* dealt with for the first time at the Cardiff treatment centres during each of the years 1944-1948:—

Year	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Total			Percentage of First Attenders found Non-venereal
	M	F	M	F	M	F	M	F	M	F	Both Sexes	
1944	525	152	93	—	468	152	303	358	1,389	662	2,051	32.3
1945	436	124	61	—	518	182	350	328	1,365	634	1,999	33.9
1946	462	190	59	1	855	140	867	308	2,243	639	2,882	40.8
1947	408	127	57	—	767	80	604	268	1,836	475	2,311	39.0
1948	357	98	77	1	764	49	654	257	1,852	405	2,257	40.4

The following table gives the results of treatment and other particulars regarding *all persons* dealt with at the Cardiff centres during 1948:—

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Total		
	M	F	M	F	M	F	M	F	M	F	Both Sexes
Number of cases under treatment or observation on 1st January ...	251	347	4	—	174	86	77	68	506	501	1,007
Number of cases dealt with for the first time* ...	357	98	77	1	764	49	654	257	1,852	405	2,257
Number of cases discharged after completion of treatment and final tests of cure	134	95	54	1	459	54	682	262	1,329	412	1,741
Number of cases which ceased to attend before completion of treatment	130	53	14	—	157	14	—	—	301	67	368
Number of cases which ceased to attend after completion of treatment but before final test of cure ...	75	33	—	—	106	23	—	—	181	56	237
Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	48	9	4	—	74	4	2	—	128	13	141
Number of cases remaining under treatment or observation on 31st December...	221	255	9	—	142	40	47	63	419	358	777

* Including cases that returned after being removed from the registers and cases transferred from other centres.

IX—NATIONAL HEALTH SERVICE ACT, 1946

The Schemes of the Council under the various sections of Part III, as approved by the Minister of Health, are reproduced as an appendix of this report.

CARE OF MOTHERS AND YOUNG CHILDREN

The provision of services under this heading continued to be made through the 16 Welfare Centres, the home visitation by Health Nurses and the various specialist services, and in the following tables, particulars of the work are shown for the full year (52 weeks).

Live-births and Still-births—Sources of Notification.

The following statement shows the number of live-births and still-births notified as having occurred in Cardiff during 1948:—

<i>Notified by:—</i>	<i>Live-births</i>	<i>Still-births</i>
Medical Practitioners	3	—
Municipal Midwives	1,187	20
Midwives of Queen's Institute of District Nursing	891	15
Private Midwives (Domiciliary)	75	1
Private Midwives (Nursing Homes)	1,299	28
Parents	1	—
Maternity Hospital (Cardiff Royal Infirmary)	514	36
City Lodge Hospital (now St. David's Hospital)	1,919	80
Total	5,889*	180†

* Including 954 not belonging to Cardiff.

† Including 46 not belonging to Cardiff.

Infant Welfare Centres.—

Total number of sessions held	1,219
Attendances—Children under 1 year—	
First	3,994
Subsequent	55,139
Children 1—5 years—	
First	419
Subsequent	11,071
Total	70,523
Average attendance at each session	57

The total number of children under five years of age who attended at the Centres during the year was 8,962 of whom 4,194 were under one year and 4,768 were over one.

Ante-natal and Post-natal Clinics—

Total number of sessions held (combined sessions)	1,038
Attendances—	
First	3,879
Subsequent	15,024
Post-natal cases—	
First	52
Subsequent	55
Total	19,010
Average attendance at each session	18

Special Post-natal Sessions—

Number of sessions held	...	...	...	...	71
Attendances—					
First	...	...	...	...	418
Subsequent	...	...	...	...	515
					<hr/>
	Total	...	...	...	933
Average attendance at each session	...	...	...	...	13

The number of expectant mothers who attended the ante-natal clinics for the first time during the year is shown alongside the number of notified births (live and still) belonging to Cardiff as follows:—

(a) Total number of notified births belonging to Cardiff	...	...	...	...	5,069
(b) Number of expectant mothers who attended the ante-natal clinics	...	...	...	...	3,879
(c) Percentage of notified births represented by (b)	...	...	...	...	76.5

Blood testing for the Wassermann Reaction was continued. The number of specimens submitted was 2,345 of which 22 (or 0.9 per cent.) were found positive.

Birth Control.—The number of cases referred to the Cardiff Mothers' Advisory Clinic, on medical grounds, for advice as to further pregnancies was 22.

Radiography.—The number of individual cases referred from the Maternity and Child Welfare Centres for radiography was 39; the total number of radiograms taken being 67.

Details of the parts for which the cases were referred are:—

Wrist	...	...	...	6
Spine	...	...	...	5
Hips	...	...	...	19
Shoulder	...	...	...	1
Teeth	...	...	...	5
Foot	...	...	...	2
Arm	...	...	...	1

Crippling Defects and Orthopaedics.—The following is a summary of the work carried out at the orthopaedic clinic during 1948:—

*Children under
School Age.*

Consultation Clinic:

Examined for first time	554
-------------------------	-----	-----	-----	-----	-----

Recommendations for:

Treatment in Hospital	...	...	...	...	9
• Treatment at Clinic (Special and Routine)	...	...	...	...	102
Application of plaster at Clinic	...	...	...	...	87
Appliances	...	...	...	...	29
Alterations to appliances	...	...	...	...	—
Alterations to boots	...	...	...	...	422
Other forms of treatment	...	...	...	...	—
Attendances at Clinic	...	...	...	...	1,800

Treatments at Clinic:—

Massage	...	...	...	...	251
Infra-Red	...	...	...	...	4
Paradism	...	...	...	...	264
Exercises—Posture	...	...	...	...	30
Feet	...	...	...	...	110
Asthma	...	...	...	...	331
Re-education	...	...	...	...	638
Plasters	...	...	...	...	566
Manipulations	...	...	...	...	331
Strappings	...	...	...	...	494
Total	...	...	...	...	3,019

The following statement relates to treatment at and provision of appliances, etc., through the Prince of Wales' Hospital, Cardiff, during 1948:—

School Children
School Age.

Hospital Treatment:—

Admitted to Prince of Wales' Hospital:—

(a) Day Cases	...	...	...	...	2
(b) Other Cases	...	...	...	...	14

Under treatment at Prince of Wales' Hospital at end of 1948 2

On Prince of Wales' Hospital waiting list at end of 1948:—

(a) Day Cases	...	...	...	...	1
(b) Other Cases	...	...	...	...	19

Other treatment or provision (including appliances, etc., provided following hospital treatment):—

Appliances provided	...	...	...	...	32
Appliances altered	...	...	...	...	4
Alterations to boots	...	...	...	...	594
Other forms of treatment provided	...	...	...	...	—

Nose and Throat Defects.—

Number examined for the first time	...	...	325
Received operative treatment in hospital	...	...	29
Received other forms of treatment at Clinic	...	...	91
Total attendances at Clinic	...	...	507

Visual Defects.—

Attended Clinic for the first time	...	...	694
Examined for errors of refraction	...	...	308*
Spectacles prescribed	...	...	219*
Spectacles provided			
(a) By Parents	...	...	105†
(b) By the Welfare Authority (free of charge)	...	...	2†

* Including cases first examined in and carried over from 1947. † Figures up to 4th July only.

Maternity Outfits.—The arrangements for the provision of Maternity Outfits in necessitous cases prior to the appointed day were expanded to meet the provision of the new scheme, and outfits are now available for all cases of home confinements, where necessary.

Domestic Help.—A note on the operation of this service is included in the appropriate section of this report, but it is recorded here that the number of instances in which domestic help was provided for cases of confinement during the year was 288.

Care of Illegitimate Children.—The admission to the Salvation Army Home ("Northlands"), of unmarried expectant mothers, was arranged through the Authority in 37 instances during the year.

Care of Premature Infants.—Special visits are made in the case of premature babies born at home; the number of such babies notified being 109.

The arrangements for the after-care of all children discharged from Hospitals are described in the section of this report dealing with the work under Section 28 of the Act, but mention should be made here of the scheme for following up the premature babies discharged from Hospitals. Two Health Nurses, who have had special training in the care of premature infants (at the Sorrento Maternity Hospital, Birmingham), visit the Hospitals regularly in order to become acquainted with the conditions and special needs of each child just before the child is sent home. The Nurses then combine contact with the infants through home visitation and through the Clinic arrangements, and in this way help the parents to achieve full benefits from the treatment advised. At St. David's Hospital, where 1,999 confinements were dealt with during the year, arrangements are made for dealing with premature infants in a special Ward unit, as well as by the provision of a constant supply of expressed breast milk through the Human Milk Bureau (which was fully described in the report for 1947).

Maternity Homes.—At 31st December, fourteen Nursing Homes with accommodation for maternity cases, remained on the Register, providing between them a total of 100 beds. The Medical Inspector of Nursing Homes paid 31 visits of inspection to the Homes during the year.

Other accommodation for maternity cases is provided in two local General Hospitals, viz., the Cardiff Royal Infirmary and St. David's Hospital. Both Hospitals are approved institutions for Part I of the Midwifery Training and the St. David's Hospital is also recognised for the training in gas and air analgesia.

The accommodation available in Cardiff for ex-domiciliary confinements is very far short of the demand, especially for the use of mothers, whose home conditions are poor or inadequate, so that the beds in the two Hospitals mentioned are almost entirely devoted to those cases showing some signs of complications and particularly in the case of first confinements.

Home Visitation.—A summary of the work carried out by the Health Nurses in connection with the care of mothers and young children is as follows:—

Births—First visits	...	...	...	...	...	4,975
Births and infant deaths—Combined visits	...	...	...	...	...	49
Infant death investigations	...	...	...	...	...	128
Still-births investigations	...	...	...	...	...	183
Subsequent visits	...	{		Infants under one year	...	15,567
		{		Children over one year	...	30,377
Ante-natal cases	...	{		First visits	...	692
		{		Re-visits	...	195
Post-natal cases	...	{		First visits	...	3,308
		{		Re-visits	...	431

Infectious diseases:—

Ophthalmia neonatorum	{	First visits	...	...	...	23
		Re-visits	...	...	...	57
Puerperal pyrexia	{	First visits	...	...	...	16
		Re-visits	...	...	...	21
Measles	{	First visits	...	...	...	4
		Re-visits	...	...	...	—
Whooping Cough	{	First visits	...	...	...	138
		Re-visits	...	...	...	13
Scabies	...	...	...	...	...	210
Visits regarding Diphtheria Immunisation	...	...	...	...	...	6,507
Financial inquiries	...	...	...	...	...	184
Other visits	...	...	...	...	...	16,012
Total						79,090

DENTAL TREATMENT

REPORT OF Mr. D. W. ELLIOT, L.D.S., R.C.S., SENIOR
DENTAL OFFICER.

The following is a record of all forms of Dental Treatment carried out at the Dental Clinics in connection with maternity and Child Welfare, i.e., expectant and nursing mothers and young children.

It is pleasing to note that compared with the figures for 1947, fillings have increased by 45%, and that the number of patients made dentally fit has increased by 19%.

With reference to the period 5th July to December, 1948, it has not been possible to differentiate between Expectant and Nursing Mothers, but in future records of both will be kept. A comparative table for the same period in 1947 shows that since 5th July, 1948, there has been only a slight increase in the number of cases referred by medical officers.

TABLE 1
Complete year 1948

	Expectant and Nursing Mothers	Pre-School Children	Total
Referred for dental treatment by Medical Officers ..	985	468	1,453
Attended for Inspection	823	441	1,264
Found to be in need of treatment	815	416	1,231
Treated for first time	645	366	1,011
Made dentally fit	489	375	864
Attendances for treatment	2,162	474	2,636
TREATMENT:—			
Teeth filled	506	104	610
Teeth extracted	3,082	719	3,801
Dressings	119	18	137
Scalings	180	7	187
Administration of general anaesthetics	702	367	1,069
Supplied with dentures	210	—	210

Number of Sessions 340.

TABLE 2

Period 5th July—31st December—Comparison with 1947

	Expectant Mothers only 1947	Expectant and Nursing Mothers 1948	Pre-School Children		Totals	
			1947	1948	1947	1948
Referred for dental treatment by Medical Officer	491	500	191	259	682	759
Attended for Inspection	399	414	172	246	571	660
Found to be in need of treatment	393	408	168	234	561	642
Treated for first time	284	308	135	209	419	517
Made dentally fit	207	246	140	204	357	450
Attendances for treatment	958	1,068	173	261	1,131	1,329
TREATMENT						
Teeth filled	183	232	23	68	206	300
Teeth extracted	1,568	1,444	311	434	1,879	1,878
Dressings	61	39	1	4	62	43
Scalings	93	88	2	4	95	92
Administration of general anaesthetics	329	342	140	210	469	552
Supplied with dentures	95	121	—	—	95	121

MIDWIFERY SERVICE

The scheme of co-operation already in existence between the Council and the Cardiff Branch of the Queen's Institute of District Nursing, continues, under which a total of 24 full-time midwives is employed and this team conducted between them no less than 96 per cent. of the total home confinements during the year. At the end of the year the midwives practising in the area were distributed as regards type of practice, as follows:—

At Institutions ... ..	...	...	...	...	34
In Private Nursing Homes ... ..	...	...	...	...	17
Domiciliary—L.H.A. Service ... ..	...	...	...	...	25
„ —Private Practice ... ..	...	...	...	...	17
Total					93

The maternity cases attended by the midwives during the year were as follows:—

As Midwives As Maternity Nurses

Midwives employed at Institutions	2,474	75
Midwives employed in Private Nursing Homes	289	1,038
Midwives in the L.H.A. Service	1,632	481
Midwives in Private Practice	43	33

Medical Practitioners called in by Midwives in Emergency.—The total number of instances in which medical aid was summoned by midwives in emergency during the year was 696.

From 5th July to 31st December the figures were:—

Domiciliary Cases—Medical Practitioner arranged	25
Others	259

Gas and Air Analgesia.—The number of midwives practising in the area who were qualified to administer analgesia was 65 (25 domiciliary and 40 in institutions). During the year 2,638 cases were given gas and air analgesia by the midwives,

All the midwives employed by the authority and those employed by the Queen's Institute (together forming the whole-time staff of the authority's service) are in possession of the apparatus.

Transport.—The Authority have agreed to pay motor-car allowances to any of their midwives who use their own cars in connection with the service, and at the end of the year 9 out of the 17 were receiving such an allowance. For those who do not possess a car, transport of the midwife and her equipment (especially the gas and air apparatus) is arranged through the ambulance service in cases where the anaesthetic apparatus is to be used. The same arrangement obtains for the midwives of the Queen's Institute but the provision of private cars for the use of these has been considered and ultimately the demand upon the vehicles of the ambulance service will be greatly reduced.

Supervision.—Officers of the department made 43 visits of inspection of midwives during the year.

HEALTH VISITING.

The number of health visitors employed at the end of the year by the Authority was 44 full-time and 3 part-time and no arrangements are made with voluntary organisations nor with other authorities. These officers are all combined health visitors, school nurses, tuberculosis visitors, clinic nurses, etc. They are described as health nurses and work under the direction of the Superintendent Nursing Officer and one Deputy.

The time of the health nurses is devoted to the various services in the following proportions:—

Maternity and Child Welfare—Equivalent of 21 whole time			
School Health	,,	,, 13	,,
Specialist and other Services	,,	,, 11½	,,

HOME NURSING

Before the scheme of full co-operation for the home nursing service was made between the authority and the Cardiff Branch of the Queen's Institute of District Nursing, there was in operation an arrangement with the same body for the services of these nurses to be made available for the nursing at home of minor ailments in mothers and children under the Maternity and Child Welfare Scheme, for cases of pneumonia, for schoolchildren and for the sick poor. Since the 5th July the scheme is one providing for the complete use of the District Nursing Service, the authority employing no nurses directly. At the end of the year the total number of cases under treatment was 357, and from 5th July to 31st December the nurses paid 36,936 visits to patients.

VACCINATION AND IMMUNISATION

Vaccination.—In the authority's scheme under this head provision has been made for conducting a special weekly clinic on premises situated centrally and the medical practitioners in the area were invited to take part in the general arrangements for the service. Special sessions are held at district clinics when found necessary.

Through the staff of the department, parents of infants are advised as to the desirability of early vaccination and, in addition, a communication is addressed to the parents of children who reach the age of three months urging the necessity to have their child vaccinated. The letter is followed up with a visit by the health nurse, who reports the acceptance or rejection of the treatment offered.

The work carried out during the first half of the year when the Vaccination Acts were in force was as follows:—

Successfully vaccinated	...	...	...	...	...	985
Insusceptible	...	...	...	...	...	6
Certificates of Exemption	...	...	...	...	...	831
Died unvaccinated	...	...	...	...	...	135

From 5th July to the end of the year the total number of vaccinations carried out was 714, of which 274 were reported by general medical practitioners.

The success of these arrangements is shown by the number of vaccinations carried out since this service was placed on a voluntary basis.

Immunisation against Diphtheria.—The Authority's scheme for immunisation against Diphtheria continued throughout the year with the same persistency and with its usual gratifying results. A summary of the state of immunity of the child population at the end of the year is as follows:—

Child Population—Children under five years	...	...	20,985
Children 5—14 years	...	...	31,573
Total	...	...	52,558

Number of children immunised (i.e., completed course of treatment):—

Under 1 year	...	...	2,821
1 year	...	...	3,926
2 years	...	...	2,900
3 years	...	...	3,138
4 years	...	...	3,171
Total under 5 years			15,956
5—9 years	...	...	13,573
10—14 years	...	...	11,998
			25,571
Total under 15 years			41,527

These figures show that 79.0 per cent. of the children have received treatment and are regarded as being immune to the disease. If, however, we include the number of children who gave negative results to the anterior Schick test (2,496) the percentage of immune children is raised to 83.7. A truer index of the immune child population is obtained by excluding from the 0-5 population the children under nine months old because treatment before that age is not given. The percentages calculated in this way are 84.0 and 89.1 respectively. During 1948 the numbers of children treated were:—

Full course of treatment—under 5 years	...	5,118
5—14 years	...	833
		5,951
Posterior Schick tested and found Negative		2,002
Posterior Schick tested and found Positive		
(and again inoculated)...	...	405
Booster doses	...	5,059

The number of cases of Diphtheria notified in children during the year was three (two under 5 years and one over), the one, a child of nine years, having had a complete course of immunisation treatment at the age of $4\frac{1}{2}$.

An investigation into the existence of **diphtheria "carriers"** amongst school-children was carried out during 1948 under the auspices of the Medical Research Council. A total of 10,002 children were swabbed, with the following results:—

Number of swabs showing positive diphtheria	...	29	(0.29 per cent.).
Analysis of the positive swabs showed			
MITIS Avirulent	...	...	21
„ Virulent	...	...	4
GRAVIS Avirulent	...	...	3
„ Virulent	...	...	1
			—
		29	
Percentage of virulent diphtheria	...	...	0.05

Only five children, therefore, out of the ten thousand swabbed, would be "capable" of spreading the disease.

Immunisation against Whooping Cough.—Facilities for immunisation treatment of children against whooping cough have been offered to parents in Cardiff since 1943. No intensified efforts to urge the acceptance of such treatment have been made, however, pending the results of special vaccine trials now being carried out under the guidance and at the cost of the Medical Research Council as to the most suitable antigen for this purpose. The "trials" commenced in July and are still proceeding. The parents of about two thousand children who were approached in this connection were most enthusiastic and readily agreed to the treatment being carried out. The children treated are to be followed up at intervals of one month for a period of about eighteen months before the findings of the investigation can be recorded.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis.—The work organised and undertaken by the Authority through the Tuberculosis Care Sub-Committee of the Health Committee, became, in the main a "transferred function" to the National Assistance Board, inasmuch as the majority of the households receiving assistance of one kind or another were those of lower income level and because, in the new schemes to operate from 5th July, no monetary payments should be made under Part III of the National Health Service Act (e.g. pocket money grants, travelling expenses, etc.). The Authority has, however, continued to make grants of extra nourishment, clothing, bedding, etc., to families not qualified for assistance through the Assistance Board; those being chiefly where the head of the household is in full employment but still not able to meet the cost of necessary items out of their own resources. The number of families so helped is relatively small. The care of tuberculous families is, of course, still undertaken in other ways, e.g. recommendations in regard to housing, removal of small children from households for periods of temporary emergency, referrals for education of children in the Open-Air School, and through the home visitation by Health Nurses.

Other Types of Illness.—The follow-up arrangements for **diabetic and gastric** patients coming out of hospitals, which were commenced in 1944, have now developed into an established service covering not only ex-patients of the Cardiff Municipal General Hospital, for whom the scheme was introduced, but also for those of other local hospitals. The work of the Health Nurses is directed and supervised by a Consultant Physician from the United Cardiff Hospitals who is paid on a sessional basis by the Local Health Authority. The physician visits the Clinic once a week and brings with him the Hospital Dietician, who is a great help in the diabetic part of the scheme.



URINE TESTING IS LEARNED



CHIROPODIST CARES FOR THE FEET



CARE OF GASTRICS. HEALTH NURSE CALLS ON A PATIENT AT WORK



USE OF HYPODERMIC SYRINGE IS EXPLAINED

Photographs by "Nursing Mirror"

At the request of the local paediatrician the benefits of this follow-up scheme were extended to **infants and children**. Two Health Nurses, with special aptitude and liking for the work, visit the paediatric wards of the hospitals in the same way as the other Health Nurses do the diabetic and gastric wards. They learn about difficult cases which have to be followed up afterwards. The introduction of this system will, it is hoped, prevent the re-admission to Hospital of many cases, especially difficult infant feeding cases.

Venereal Diseases.—Community care of venereal disease patients, having commenced in 1943 with the appointment of a Senior Almoner, is now carried out in the case of male patients by the Clerk-Orderly of the Male Clinic by arrangement with the Governors of the Teaching Hospital and, in the case of females, by a division of the time of one Health Nurse, since the Almoner mentioned above has left the Authority's service to take a post under the Local Hospital Management Committee and corresponding arrangements with those for the males cannot conveniently be made. Co-operation between the two Bodies is, however maintained in the work through the facilities afforded for attendance by the Health Nurse at all female clinics.

Provision of Nursing Equipment and Apparatus.—The service formerly provided by the Priory for Wales of the Order of St. John was continued after the 5th July as the responsibility of the Local Health Authority on terms agreed between the Authority and the Order which, in the first instance provided for the Authority assuming financial responsibility for articles loaned free to households unable to pay the charges, the Order themselves collecting and retaining the charges payable in all other cases. The terms have since been revised in two stages, the first providing for the loan of items free of all cost to tuberculous patients awaiting admission to Hospital for long periods owing to the heavy waiting lists, and then to provide a free of all cost service to all residents of the area, the hire charges being met entirely by the Health Authority.

AMBULANCE SERVICE

At the end of the year there were in operation eleven Ambulances, nine of which were war-time conversions, and from the 5th July the scheme of co-operation between the Authority and the Order of St. John, acting as Agents, brought the addition of two Ambulances. The increase in demand, following the introduction of the free service was well marked and the need for replacing the old vehicles with new ones became more and more pressing. It was not until 24th November, however, that the first two new Ambulances were delivered, out of a programme of twelve new vehicles to provide for a complete renewal of the fleet.

Following is a record of the work carried out during 1948, separated to show the calls dealt with and mileage run before and after the appointed day:—

MUNICIPAL AMBULANCE SERVICE

Period 1948	Own Service		Order of St. John		Total	
	Journeys	Mileage	Journeys	Mileage	Journeys	Mileage
1 — 31 January	888	9,648	—	—	888	9,648
1 — 29 February	735	8,073	—	—	735	8,073
1 — 31 March	917	9,678	—	—	917	9,678
1 — 30 April	928	9,038	—	—	928	9,038
1 — 31 May	1,175	10,665	—	—	1,175	10,665
1 June — 4th July	1,256	11,462	—	—	1,256	11,462
Total	5,899	58,564	—	—	5,899	58,564
5 — 31 July	1,189	10,438	67	1,946	1,256	12,384
1 — 31 August	1,094	10,344	82	2,917	1,176	13,261
1 — 30 September	1,305	12,289	72	1,280	1,377	13,569
1 — 31 October	1,466	13,006	83	2,860	1,549	15,866
1 — 30 November	1,557	14,751	83	2,398	1,640	17,149
1 — 31 December	1,593	14,999	99	4,609	1,692	19,608
Total	8,204	75,827	486	16,010	8,690	91,837
Grand Total	13,103	134,391	486	16,010	14,589	150,401

Health Education.—Routine lectures on Sex Hygiene to boys and girls at the schools were continued without interruption until the untimely death of Dr. F. L. Sessions, whose illustrated lecture technique had done so much to make all kinds of health talks more attractive and interesting than the bald titles would convey. Dr. Sessions, a general practitioner in semi-retirement who undoubtedly had a special aptitude for this work, carried out most of the school talks, the talks to youth clubs, etc., as well as those to selected adult audiences, right up to the time of his death in June. Talks on the public health service generally and on any aspect of these that may be desired were given by the members of the Medical Staff, by other specialist officers, and by the Public Relations Officer to groups of adults (women's guilds, townspeople's guilds, etc.), and the Public Relations Officer also arranged throughout the year special film showings to selected audiences, and to public gatherings as well as the linking up with the regular propaganda programme of films appearing in the Commercial Cinemas, such as the sequel to the film "My Brother Jonathan" showing the dangers of diphtheria.

Early in the year, the Central Council for Health Education arranged a series of lectures to assist in the further training of the professional groups of public health officers. Four lectures were included in a Course for Sanitary Inspectors, and six in one for Health Nurses, all by lecturers of the Central Council, and another Course on Food and Drink Infections was given by Dr. Scott Thompson, Head of the Cardiff Laboratory, to sanitary inspectors and school canteen supervisors followed by a single non-technical one to school canteen part-time workers.

For one week in October, with the kind permission of the General Electric Company Limited, their premises, situated centrally, were used to display the mobile section of the "Health of the People" Exhibition, which was originally opened in London by H.R.H. Princess Elizabeth on 6th May, and alongside it some local exhibits, models, etc., were arranged. It was at this exhibition that we were fortunate enough to obtain the celebrated mechanical man, "GODFREY," on loan from the Design Research Unit. This proved a great attraction, having given "his" 15-minute talks for an average of eight hours a day. The opportunity was taken at the exhibition of showing health films provided and projected by the Central Office of Information.

Great interest is shown in the display of health education material by members of the Staff, some of whom lose no opportunity of describing the activities of the department in graphic and other interesting forms. One of the efforts designed by two of the members and shown at the exhibition on a poster measuring 16 ft. by 8 ft. is reproduced on page 45.

The total estimated attendance at the exhibition was 20,000, including conducted parties of senior scholars, university students, etc., from Cardiff and surrounding towns.

Publicity was effected by means of the local Press, posters, invitation cards, window displays, a broadcast message a few days before the opening by the Medical Officer of Health, and another following the opening ceremony by a B.B.C. commentator describing the exhibition in general and giving an entertaining account of "Godfrey". All this in addition to the usual and invaluable help of the Chief Librarian (with catalogues of books on health subjects) and the Transport General Manager (window posters, etc.).

A new and economical form of advertising was introduced this year with the co-operation of the City Treasurer and Controller, who agreed to have printed in red letters near the address panel on all rates demands (approximately 60,000) a special short message or health slogan. It was commenced with one on diphtheria immunisation and was worded, "IT'S WISE TO IMMUNISE".

DOMESTIC HELP

In May, the Authority appointed a whole-time Organiser for the Domestic Help Service, which had been previously organised by the Senior Health Nurse, but was fast proving to be a heavy drain upon her time. Already the service had been extended to cover not only confinement cases (as when originally introduced), but also cases of other domestic emergency, and from the 5th July, when the wider scope of the service was made known, there was naturally a decided increase in the demand which could be met only by a system of priorities because of the limited number of helps available. At the time the proposals were submitted the number of helps estimated to be required for the scheme was 30 full-time and 12 part-time. Experience has shown that this number will not be sufficient and steps have since been taken to provide for a further increase.

The number of domestic helps employed at the end of the year was 27 (seven of whom were part-time only), and the number of cases in which help was provided throughout the year is as follows:—

		<i>January to 5th July to</i>		
		<i>4th July.</i>	<i>December.</i>	<i>Total.</i>
In cases of confinement at home	...	131	157	288
All other cases	... ..	17	85	102
Totals	...	148	242	390



POSTER DESIGNED BY MEMBERS OF THE STAFF

MENTAL HEALTH.

(1) Administration.

(a) Constitution and Meetings of Mental Health Sub-Committee.

The Local Health Authority did not consider it necessary or advisable to set up a mental health sub-committee. They have assumed that one of the objects of the National Health Service Act was to blend the care of mental health with physical health, and to set up an "ad hoc" mental health sub-committee would appear to them to defeat that very object.

They are fully satisfied that they can exercise adequate control of the organisation and maintenance of an efficient service for the community care of mental health through the Health Committee's sub-committee which has been set up for the prevention of illness, care and after-care.

The sub-committee is called the "Care and After-care Sub-Committee," and the meetings are held monthly. Upon the Committee have been co-opted members with long experience or with specialised knowledge in the mental health field.

(b) Staff.

The organisation, administration, control, and the medical direction of the service is the responsibility of the Medical Officer of Health, and he is assisted by the Deputy Medical Officer of Health, a Senior Medical Officer (Male), an Administrative Officer, and the necessary clerical staff.

The Physician-Superintendent of Whitchurch Mental Hospital, who has been Honorary Consultant Psychiatrist to the Local Health Authority, is co-opted on to the Care and After-care Sub-Committee, and his advice on mental health is available to the Medical Officer of Health. In addition, he has retained his responsibilities for the care and after-care of mental hospital patients in the community, and this service is centred on the Whitchurch Mental Hospital.

Number and Qualifications of Staff.

Five Medical Officers of the Local Health Authority, in addition to the Medical Staff mentioned above, are employed part-time in the service, and all are approved by the Local Health Authority for the purpose of giving medical certificates under the Mental Deficiency Acts.

Routine visiting is carried out by the Health Nurses (equivalent to two whole-time visitors) and some by the authorised officers, while special visits are dealt with by a whole-time Health Nurse allocated to the work and by the Administrative Officer who held the position of Visiting and Inquiry Officer until recently and who is also a Petitioning Officer.

The staff of the Occupation and Training Centre consists of one Supervisor (Female), a trained, certificated Teacher, one female assistant (Domestic Science Diploma), two Male Assistants (unqualified but having the appropriate experience for occupying the males in woodwork, gardening, metal work, boot repairing, physical culture, etc.) and two other female assistants (unqualified).

Two Duly Authorised Officers are engaged in work under the Lunacy and Mental Treatment Acts, in some routine visiting of mental defectives and in the after-care of mentally ill ex-Servicemen.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The after-care of mental hospital patients is carried out by the Physician-Superintendent of the Mental Hospital, his medical staff and social workers.

The supervision, etc. of mental defectives on licence from institutions is carried out by the staff of the Local Health Authority on behalf of the Hospital Management Committees, and the assessment and payment of maintenance allowance to these patients is also carried out by the Local Health Authority with the assistance of the City Treasurer and Controller.

(d) Duties delegated to Voluntary Associations.

The Local Health Authority have no arrangements with local voluntary associations,

but occasionally, when placing mental defectives on licence or under guardianship in places outside their area utilise the services of the National Association for Mental Health through their Headquarters in London.

(c) Training of Mental Health Workers.

The Physician-Superintendent of the Mental Hospital has agreed to organise a course of training for Mental Health Workers and Health Nurses of the Local Health Authority, with a view of their taking part in the scheme for the after-care of ex-mental hospital patients.

(2) Account of Work undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946.—Prevention, Care and After-care.

The Local Health Authority have organised and set up the Mental Health Service required under this Section of the Act.

(i) **Mental Illness.**—The after-care is being carried out by the social workers of the Mental Hospital under the direction of the Physician-Superintendent and his medical staff at present, but when the Mental Health Workers and the Health Nurses of the Local Health Authority have undergone the training mentioned above, they will undertake some of this work under the direction of the Mental Hospital staff.

(ii) **Mental Defectiveness.**—The community care and training of mental defectives is being carried out by the staff of the Local Health Authority.

(b) Under the Lunacy and Mental Treatment Acts, 1890–1930, by the Duly Authorised Officers.

The Duly Authorised Officers carry out their duties as laid down in the above-mentioned Acts, and in addition they undertake the work connected with the rehabilitation of patients on their being referred by the Physician-Superintendent of the Mental Hospital and other sources. As explained above, they also assist in the arrangements for visiting mental defectives.

The following tables give details of the work carried out during 1948. Tables II and III are split up into three periods, viz.:—

1. 1st January to 4th July, 1948.
2. 5th July to 31st December, 1948.
3. 1st January to 31st December, 1948.

Tables IV and V give the position at 5th July, 1948 and at 1st January, 1949.

TABLE I.

Lunacy and Mental Treatment Acts—Work of the Duly Authorised Officers.

	5th July to 31st December, 1948.		
	M.	F.	T.
Number of Cases dealt with	71	105	186
The Cases were dealt with as follows:			
1. Admitted to Mental Hospitals.			
(a) Cardiff Mental Hospital—			
Certified	1	3	4
Voluntary	44	63	107
Temporary	2	1	3
(b) Ely Lodge—			
Certified	10	14	24
Voluntary	—	—	—
Temporary	—	—	—
(c) Transferred to other Mental Hospitals—			
Certified	—	—	—
Voluntary	2	—	2
Temporary	1	—	1
2. Transferred to St. David's Hospital (Sick Wards)	11	12	23
3. Admitted direct to St. David's Hospital (Sick Wards)	2	4	6
4. Admitted to Llandough Hospital	—	1	1
5. Placed in care of Relatives	7	6	13
6. Placed in care of Police	1	—	1
7. Died before Certification	—	1	1
8. Rehabilitation Cases dealt with	—	—	—
	81	105	186

TABLE II.

Mental Deficiency Acts. Particulars of Cases ascertained during 1948.

	1st January to 5th July, 1948.			5th July to 31st December, 1948.			1st January to 31st December, 1948.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Number of Cases Reported	22	18	40	13	6	19	35	24	59
(a) Ascertainment.									
(i) Cases reported by Local Education Authority under the Education Act, 1944—									
(a) Under Section 57(3)	11	10	21	8	4	12	19	14	33
(b) Under Section 57(5)	5	5	10	2		2	7	5	12
(ii) Other cases reported during 1948 and ascertained to be "subject to be dealt with"	4	1	5	1	2	3	5	3	8
Total	20	16	36	11	6	17	31	22	53
(iii) Other cases reported during 1948 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable—									
(a) Placed under Voluntary Supervision	1	1	2	2		2	3	1	4
(b) Transferred to Local Education Authority	1	1	2	—	—	—	1	1	2
Total Number of Cases Reported during 1948	22	18	40	13	6	19	35	24	59
(b) Disposal of Cases reported during 1948.									
(i) <i>Cases ascertained to be "subject to be dealt with"—</i>									
(a) Admitted to Institutions (By Order)... ..	8	2	10	2	2	4	10	4	14
(b) Placed under Guardianship (By Order)	—	—	—	—	—	—	—	—	—
(c) Taken to Places of Safety	—	—	—	—	—	—	—	—	—
(d) Placed under Statutory Supervision	8	12	20	6	1	7	14	13	27
(e) Died or removed from area	—	—	—	—	1	1	—	1	1
(f) Action not yet taken	6	1	7	7	4	11	7	4	11
(ii) <i>Cases not at present "Subject to be dealt with"—</i>									
(a) Placed under Voluntary Supervision	1	1	2	2	—	2	3	1	4
(b) Found not to be Defective	1	1	2	1	1	2	2	2	4
(c) Transferred to Local Education Authority... ..	1	1	2	—	—	—	1	1	2
(d) Died or removed from Area	—	—	—	—	—	—	—	—	—
(e) Action not yet taken	—	—	—	—	—	—	—	—	—
Total	25	18	43	18	9	27	37	26	63

TABLE III.

Mental Deficiency Acts. Particulars of Cases ascertained prior to 1948.

Number of Mental Defectives under Community Care, including Voluntary Supervision or in Places of Safety on 1st January, 1948, who have ceased to be under community care or in Places of Safety during 1948.

	1st Jan.—4th July			5th July—31st Dec.			Jan.—Dec.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) Admitted to Institutions ...	3	1	4	3	2	5	6	3	9
(b) Ceased to be under care ...	—	—	—	1	—	1	1	—	1
(c) Died or removed from area ...	1	8	9	4	3	7	5	11	16
Total ...	4	9	13	8	5	13	12	14	26

TABLE IV.
Statistical Return.

	Position at 5th July, 1948.			Position at end of year		
	M.	F.	T.	M.	F.	T.
(a) Number of Mental Defectives ascertained to be "subject to be dealt with"—						
(i) Under Guardianship Orders—						
Under 16 years of age ...	—	—	—	—	—	—
Aged 16 years and over ...	1	2	3	1	2	3
(ii) In "Places of Safety" ...	1	—	1	1	—	1
(iii) Under Statutory Supervision (Excluding Cases on Licence)—						
Under 16 years of age ...	36	29	65	37	29	66
Aged 16 years and over ...	234	151	385	233	147	380
(iv) Action not yet taken under any one of the above headings ...	6	4	10	7	7	14
Total ...	278	186	464	279	185	464
Number of cases included in above awaiting removal to Institution ...	—	—	—	—	1	1
(b) Number of Mental Defectives not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable ...	57	62	119	59	63	122
Of whom number under Voluntary Supervisions—						
Under 16 years of age ...	1	1	2	1	1	2
Aged 16 years and over ...	56	61	117	58	62	120
Total (a) and (b) ...	335	248	583	338	248	586

TABLE V.
Mental Deficiency Acts. Training of Mental Defectives.

Number of Mental Defectives receiving Training:—	M.	F.	T.	M.	F.	T.
(a) In day-training centres—						
Under 16 years of age ...	23	18	41	21	19	40
Aged 16 years and over ...	26	12	38	26	12	38
(b) At home ...	—	—	—	—	—	—
Total ...	49	30	79	47	31	78

X—PUBLIC HEALTH LABORATORY

Cardiff and County Public Health Laboratory.—The numbers of specimens and samples examined for Cardiff during the first three quarters of 1948 were as follows:—

Bacteriological Examinations:—

Water Supplies	...	...	...	534
Milk for Tubercle Bacilli	...	...	...	100
Milk for General Examination	...	...	...	602
Ice Creams	...	...	...	178
Sputum for Tubercle Bacilli	...	...	...	521
Urine and Faeces for Tubercle Bacilli	...	...	...	60
Other Specimens for Tubercle Bacilli	...	...	...	933
Rodents for Plague	...	...	...	46

Specimens for:—

Diphtheria	...	...	...	2,066
Haemolytic Streptococci	...	...	...	2,356
Enteric Fever (Serum)	...	...	...	49
Enteric Fever (Other Specimens)	...	...	...	18
Dysentery	...	...	...	1,360
Food Poisoning Organisms	...	...	...	49
Gonorrhoea	...	...	...	1,026
Syphilis (Wassermann Reaction)	...	...	...	4,599
Syphilis (Spirochaeta Pallida)	...	...	...	2
Ringworm	...	...	...	18
Ophthalmia Neonatorum	...	...	...	120
Cerebro-spinal Fluid	...	...	...	7
Other Examinations	...	...	...	212

Chemical Examinations:—

Water Supplies	...	...	...	684
River Waters	...	...	...	50
Sewage and Sewage Effluents	...	...	...	—
Milk and Milk Products	...	...	...	604
Ice Creams	...	...	...	—
In connection with Atmospheric Pollution	...	...	...	24
Other Examinations	...	...	...	5

Separate figures for Cardiff are not available from the date of transfer of the pathological and bacteriological work to the National Laboratory Service on the 1st October.

XI—REPORT FOR 1948 OF Mr. W. G. PYATT, CHIEF SANITARY INSPECTOR (URBAN)

Housing.

The following statement gives particulars in relation to housing for 1948:—

1. *Inspection of Dwelling-houses during the Year:—*

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	4,057
	(b)	Number of inspections made for the purpose	14,462
(2)	(a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	—
	(b)	Number of inspections made for the purpose	—
(3)		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ...	7
(4)		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	2,797

2. *Remedy of Defects during the Year without Service of Formal Notices:—*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	1,671
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3. *Action under Statutory Powers during the Year:—*

(a)	Proceedings under Sections 9 and 10 of the Housing Act, 1936:—		
	(i)	Number of dwelling-houses in respect of which notices were served requiring repairs	18
	(ii)	Number of dwelling-houses which were rendered fit after service of formal notices:—	
	(a)	By owners	3
	(b)	By Local Authority in default of owners	1
(b)	Proceedings under Public Health Acts:—		
	(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	888
	(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—	
	(a)	By owners	947
	(b)	By Local Authority in default of owners	34
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936:—		
	(i)	Number of dwelling-houses in respect of which Demolition Orders were made	2

(ii) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	...	—
(iii) Undertakings accepted	...	...	...	...	2
(d) Proceedings under Section 12 of the Housing Act, 1936:—					
(i) Number of separate basements or underground rooms in respect of which Closing Orders were made	...	...	...	...	5
(ii) Number of separate basements or underground rooms in respect of which Closing Orders were determined ; the basement or room having been rendered fit	...	...	...	...	—
(e) (iii) Undertakings accepted	...	...	...	...	1

In view of the shortage of housing accommodation it has not been possible to deal generally with the demolition of unfit property, but a few houses which were in such a bad state as to be absolutely uninhabitable were represented and these were dealt with under Section 11 of the Housing Act, 1936. Any basements which were found to be occupied and which were so insanitary that their use as dwellings could not be tolerated any longer were also dealt with under Section 12 of the Housing Act, 1936.

The co-operation of the Allocation of Houses and Repairs Sub-Committee was readily given in seeing that families dispossessed by the condemnation of their houses were granted Council Houses.

Owing to the shortage of building labour and materials it has not been practicable to put into practice to any extent the powers contained in Section 9 of the Housing Act, 1936. During the year urgent defects have been dealt with under the Nuisance provisions of the Public Health Act.

Council Housing Estates.—The following is a record of the work done in connection with the sanitary condition of the Council housing estates:—

Vacant houses inspected	...	...	...	...	786
Visits regarding exchanges and transfers	...	...	...	...	476
Visits regarding vermin, cleansing, overcrowding, etc.	...	...	...	...	42
Visits regarding rats, poultry, trading, etc.	...	...	...	...	72
Following-up visits	...	...	...	...	39
Visits to families prior to rehousing in Council houses	...	...	...	...	497
Other visits (Estate depots, etc.)	...	...	...	...	384
Total	...	...	...	...	2,296

It is gratifying to place on record the happy co-operation that prevails with the Estates Department on housing and re-housing problems. We continue to place applicants for houses into priority or non-priority groups by coding, and allocations are made by the Estates Department within this coding, by applying a points system.

We regularly bring to the notice of the Estates Department urgent cases for rehousing on overcrowding and medical grounds, and such cases are usually given special priority.

One bright spot in the allocation of Council Houses is the priority given to those families where a member is suffering from tuberculosis. An arrangement exists whereby 10% of the new houses are allotted to these families with the result that nearly all families with children where tuberculosis has been notified have been rehoused. A number of childless married couples with tubercular infection however are still awaiting better housing accommodation.

Other matters within the sphere of this Department on Council Housing Estates are the inspection for fitness of all vacant houses before reletting, visits in cases where exchanges of houses have been made between tenants and the investigation of applications for transfers to different localities on medical grounds.

Generally speaking far more care is now exercised and a higher standard of cleanliness observed in Council Houses. The problem of the verminous house has practically disappeared now that D.D.T. is available. Whereas before the war much of the Sanitary Inspectors' time was taken up in supervising measures for the eradication of bugs, including stripping of woodwork and the application of the flame of a blow lamp, all this is now unnecessary. Spraying with D.D.T. is not only much more effective but far cheaper as it involves practically no preliminary preparation. 42 Council houses (5.3 per cent. of those inspected) were found to be infested with bed-bugs.

The coding of practically 18,000 applicants in their priority rehousing categories was a tremendous undertaking and was wholly undertaken by Mr. Glover and Miss Arnott. Originally it was decided to visit each applicant before coding but this took so long that it was disregarded and applicants were coded on the facts given in their application forms. These were completed during the year and now only new applicants or applicants reporting a change of circumstances have to be considered for coding.

The Squatters' Camps established in the City have been kept under periodical supervision but having regard to the nature of these Camps it is desirable that their use as dwellings should be discontinued at the earliest possible moment.

General Sanitary Inspection.

The number of complaints of nuisances received and dealt with was 6,678.

The numbers of inspections and visits made by sanitary inspectors and the numbers of notices served were as follows:—

	Inspections or Visits	Intimation Notices Served	Statutory Notices Served
Houses	4,057	2,797	906
Re-inspections of houses	10,405	—	—
Houses inspected and recorded	—	—	—
Re-inspections of recorded houses	—	—	—
Milkshops, etc.	568	13	—
Cowsheds	125	7	—
Offensive trades	44	1	—
Non-mechanical factories	414	13	—
Mechanical factories	508	28	1
Workplaces	124	4	—
Outworkers' premises	6	—	—
Shop premises	290	20	—
Seamen's lodging houses:			
Day	365	57	—
Night	31	—	—
Common lodging houses:—			
Day	21	1	—
Night	1	—	—
Other premises, etc.	10,311	280	106

The number of drains tested was 488 (244 with smoke and 244 with chemicals).

The following is a summary of nuisances abated, repairs executed, etc., under the supervision of the sanitary inspectors:—

At or in connection with:—

Houses	...	...	...	...	2,475
Seamen's lodging houses		...	...	...	50
Amusement places	...	...	...	...	5
Food shops, kitchens, fried fish shops, etc.				...	111
Dairies, cowsheds and milkshops			...	...	54
Offensive trades	...	...	...	...	25
Stables, piggeries, etc.		...	...	...	13
Back lanes	...	...	...	...	5
Drainage	...	...	...	...	1,270
Cesspools	...	...	...	...	14
Urinals	...	...	...	...	9
Eradication of bed-bugs (excluding Council houses)					48
Miscellaneous premises		...	...	...	62
Total	...	...	...	...	4,141

Control of Civil Building.—During the year 2,783 visits were made and licences issued in connection with the remedying of defects, interior and exterior decorations, etc.

In July revised regulations were promulgated amending the licensing "ceiling" and as a result the Department was relieved of much of the work which hitherto had taken up so much time.

Common Lodging Houses.—There are three registered common lodging houses.

Seamen's Lodging Houses.—There are 41 licensed seamen's lodging houses.

Rodent Infestation Control.—Review of Operations during year 1948:—

The Rodent staff comprises one Rodent Officer with nine operatives, two of whom are engaged solely in dealing with complaints in premises, the remainder dealing with sewers, block treatments and reservoir infestations.

The whole of the sewerage system of the City has been completely treated throughout once during the year, and one third of the total, i.e. the worst infested areas were treated a second time. The sewerage system of the City comprises some 300 miles of sewers, with a total of 4,369 manholes; 255 miles of sewers and 3,684 manholes were treated. The reason for not treating all manholes was that previous treatments or test baiting showed no infestation.

As a result of these operations it is calculated that some 25,008 rats were destroyed. One would have thought that our activities would have so reduced the rat population that complaints of rat infestation would be rare, but paradoxically complaints appear to be quite as numerous as hitherto. It is of course possible that the public are becoming much more alive to the rat menace and voice any complaint immediately.

Special attention has been paid to premises and land owned by the Corporation; these include Schools, Bus Depots and Offices, the Market, the Abattoir, also Refuse Tips; the latter have received numerous treatments as they are the most prolific sources of trouble. It is estimated that 2,083 rats were destroyed at these premises.

Private contracts with commercial firms have been a feature of the year's work and these have now assumed considerably greater importance than was foreseen twelve months ago. Altogether 76 contracts have been undertaken ranging in value from £2 to £38. The annual value of contract work now undertaken amounts to £613. In the majority of cases firms have been so satisfied with the results that they have not hesitated to renew the contract when these have expired. It is estimated that this phase of the work accounted for 6,737 rats.

BLOCK TREATMENT. (Including Business Premises and Private Houses):—

A very important part of the year's working from January 1st to 31st March was that of Block Treatment, which means treatment of whole sections of parts of the City block by block. Concurrently with block treatment of the premises the sewers in the vicinity are also treated thus ensuring a complete operation. 9 blocks of buildings were treated comprising 211 premises; of these 173 premises showed evidence of infestation and it is computed that 1,457 rats were destroyed.

An interesting feature of this effort was the discovery of a fairly large number of black rats; in fact it is our experience that the black rat is not only increasing in numbers but is found much further afield than in previous years.

It is the general practice of the Department to investigate complaints of rat infestation immediately. The original complaint is followed by a visit by a Sanitary Inspector who makes the necessary enquiries to enable him to decide on the cause of the trouble. Remedial measures comprise the elimination of breeding places, inspection of drainage and the laying of baits or traps. Two rat catchers are constantly employed in connection with rat infestation at private houses and the services of the Department are provided free of charge to private householders.

Shops Acts.

The Sanitary Inspectors are also Inspectors under the Shops Acts and are responsible for seeing that the closing hours are observed in addition to the provisions governing the welfare of assistants. In normal times this work takes up a fairly considerable proportion of the Inspectors' time but present day difficulties coupled with the enforced earlier closing hours during the winter months have not warranted the constant supervision that was exercised prior to the War. During the current year it is hoped that the Department will have compiled a complete register of all shops in the City in their trade classifications, and we look forward to the inception of a new Shops Act which will, it is hoped, consolidate and amend the present Acts. These Acts are at the moment full of anomalies and the numerous exemptions they contain make it practically impossible to secure compliance with the legal closing hours. Another point regarding the difficulties of enforcement is the number of local Closing Orders (of which there are 14) affecting different trades, all of which differ in regard to the closing hours; in the same way the Weekly Half Holidays Orders (10) also differ as to the day on which the shops shall be closed. It seems as if it would be preferable to lay it down that any trade wishing to make a Closing Order for compulsory closing at an earlier hour than the general closing hour should be compelled to accept uniform hours based on a model prepared by the Home Office. By the same argument it would be preferable to have a fixed weekly half holiday for all shops, with Saturday as the alternative day as at present, instead of leaving it to the discretion of the particular shopkeeper to choose his day.

Factories.—Details of the sanitary inspection of factories under the Factories Act, 1937, are as follows:—

Part I of the Act.

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

PREMISES (1)	Number on Register (3)	Number of		
		Inspections (4)	Written Notices (5)	Occupiers Prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities...	359	414	13	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	623	508	29	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding workers' premises)	5	—	—	—
Total	987	922	42	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted were instituted (7)
	Found (3)	Remedied (4)	Referred To H.M. Inspector (5) | By H.M. Inspector (6)		
Want of cleanliness (S.1)	19	18	—	6	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	3	1	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—	—
Sanitary Conveniences (S.7) :—					
(a) Insufficient	3	3	—	3	—
(b) Unsuitable or defective	23	19	—	4	1
(c) Not separate for sexes	2	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	3	4	—	1	—
Total	54	46	—	14	1

Part VIII of the Act.
OUTWORK.

	Section 110.			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c) (3)	No. of cases of default in sending lists to the Council (4)	No. of prosecutions for failure to supply lists (5)	No. of instances of work in unwholesome premises (6)	Notices served (7)	Prosecutions (8)
Wearing Apparel— Making, etc.	7	—	—	—	—	1

Atmospheric Pollution.

In general very little trouble has been experienced from Factories producing smoke or grit, but two serious complaints were received, one relating to the Power Station and the other to one of the largest industrial concerns in the City. The complaint from residents in the neighbourhood of the Power Station referred to vapour from the Cooling Towers which condenses and envelops the District in a perpetual mist coupled with a fairly extensive grit nuisance. The Health Committee took a very serious view of this matter and negotiations are proceeding with the Electricity Board who have promised to consider the possibility of reducing the nuisance from the Cooling Towers. Apparently this is a problem which has not before been experienced and presents considerable difficulty.

The nuisance from the Industrial Works related to grit and is largely connected with an Agglomeration Plant. A Deputation from the Health Committee visited the Works and with the Works Manager made a tour of the Works and accepted suggestions for the elimination of much of the trouble. The matter is still under consideration.

The help that the Department has received from the Ministry of Fuel and Power when dealing with smoke nuisances should be recorded as this Ministry has always been ready to assist by asking their Engineers to co-operate with the Sanitary Inspector when smoke and grit nuisances have to be investigated.

Roath Park Lake.

During the late summer a recurrence of "Bather's Rash" occurred amongst bathers in this Lake. The Lake was closed, treated with Copper Sulphate and afterwards bathing proceeded without any further complaint. It is felt however that so long as the present conditions for bathing facilities exist the measures for the elimination of the cercaria will only be a palliative and that similar trouble will be experienced each summer.

Lanes and Open Spaces.

It is a common practice throughout the City for residents to deposit all kinds of rubbish in back lanes and on any vacant plot of land, creating not only unsightly nuisances but also attracting rats. So far the efforts of the Police and the Sanitary Inspectors have failed to catch the offenders and the practice still persists. Powers already exist which would enable the Department to deal with this type of nuisance and legal proceedings have followed whenever a person has been found depositing rubbish in such places, but the difficulty is that the tipping is done surreptitiously therefore making it almost impossible to catch the culprits.

Cesspools.

There are very few Cesspools in the City and the abolition of these proceeds as the sewers are extended to within a reasonable distance of any houses draining to Cesspools.

During the year extensions to the sewers took place mainly in the Runney District and altogether 16 Cesspools were abolished and the houses connected to the sewerage system. In most cases the cost of connecting to the sewer was borne by the Corporation.

Pharmacy and Poisons Act, 1933.—During the year, 150 licences were renewed and 135 new licences were issued.

Legal Proceedings.—The following is a summary of legal proceedings taken during the year in connection with general sanitary inspection:—

Acts, etc., under which proceedings were taken	Number	Fined	Cautioned	To pay costs only	Dismissed	Withdrawn	Nuisance Order obtained	Amount of Fines and Costs
								£ s. d.
Shops Acts ...	1	1	—	—	—	—	—	0 10 0
Public Health Act, 1936 ...	14	—	—	—	—	12	2	1 9 6
Fertilisers and Feeding Stuffs Act, 1936 ...	1	—	—	—	—	1	—	—
Housing Act, 1936 ...	2	—	—	—	—	2	—	0 4 0
Police (Town Clauses) Act, 1847 ...	2	2	—	—	—	—	—	2 0 0

Water Supply.—The Department is indebted to the Water Engineer (Mr. G. W. Cover) for the following information:—

The quality and quantity of the water supply have been satisfactory.

Bacteriological examinations of the water before and after treatment are taken, also at various points on the distribution system. The total number of bacteriological samples taken was 521, which showed the bacterial quality of the water to be satisfactory. Chemical analyses of the water showed the chemical and physical characters to be satisfactory.

There is not the liability of plumbo solvent action.

Treatment by chlorine is carried out both at the impounding and service reservoirs.

It is estimated that there are approximately 68,000 separately rated dwelling places supplied within the area of supply. For practical purposes there is no domestic supply by means of standpipes.

Food and Milk.

All slaughtering is carried out at the Public Abattoir with the exception of one private slaughterhouse in connection with a Bacon Factory, where only pigs are slaughtered.

Particulars of meat inspection at the Abattoir are contained in Section XII (Meat Inspection). The number of pigs slaughtered at the private slaughterhouse was 3,817. Tuberculosis was found in 25 instances, the proportion being 0.7%. Six unsound carcasses of pork were destroyed. The total weight of unsound meat surrendered as unfit for human consumption at this slaughterhouse was 10 cwt. 91 lbs.

Sanitary Inspectors made 3,947 visits to shops, stores, markets, etc., in connection with the inspection of food and the hygienic condition of the premises.

The number of notices served for the remedy of insanitary conditions was 119 and the approximate weight of diseased or unsound food surrendered as unfit was 39 tons, 13 cwt. 35 lbs.

Meat Hawkers.

Any person who is not the occupier of a butcher's shop and who desires to sell meat from a vehicle has to obtain a certificate from the Corporation approving of his storage

accommodation before he is permitted to trade. These powers are contained in Section 108 of the Cardiff Corporation Act 1930, and two such certificates were issued during the year. This is a considerable reduction on previous years.

Knackers' Yard.

There is one Knacker's Yard in the City which is regularly inspected to ensure that it is kept in a sanitary condition, and the various enactments covering Knackers' Yards are observed.

Pets' Meat Shops are also regularly inspected.

Food Preparing Places.

A considerable proportion of the Sanitary Inspectors' time has been taken up in the supervision of places where food is prepared for sale. Many desirable improvements have been secured, particularly in relation to the provision of suitable toilet facilities. The Health Committee have accepted the principle that suitable washing facilities involve the provision of a constant supply of hot water by means of an instantaneous water heater, and although a certain amount of difficulty has been experienced in convincing some traders that a kettle on a gas ring is not adequate, we have been successful in laying it down as a general principle that this requirement can only be met by an instantaneous heater.

Many structural improvements to these premises have been carried out, particularly in some of the restaurants where conditions were cramped and the general structure was unsatisfactory.

Fried Fish Shops.

The Department has for many years co-operated with the local Branch of the Fish Friers' Federation who are as anxious as we are to see that this trade is conducted in an hygienic manner. A vast improvement in the condition of these premises has occurred in recent years. The Health Committee considered making Byelaws governing this trade but as it was felt that the Model Byelaws did not cover all desirable points it was decided to leave this matter in abeyance.

Ice Cream.

The number of ice cream samples taken during the year was 212. Of these 105 were in Provisional Grade 1; 25 Provisional Grade 2; 39 Provisional Grade 3; 43 Provisional Grade 4.

In all cases where the samples were unsatisfactory, follow-up visits were paid by the Sanitary Inspectors, and manufacturers or vendors were advised on the precautions that should be taken to produce a pure product. It should be realised that the existing tests for cleanliness are only provisional, based on a methylene blue reaction. It is difficult to reconcile standardisation of this test in England and Wales with the fact that the Scottish Regulations, which were made at a much later date than these for England and Wales, still base their test for cleanliness on a bacterial count and a B. Coli content.

Although a certain amount of difficulty has been experienced in securing the necessary equipment to enable manufacturers to comply with the Ice Cream (Heat Treatment, etc.) Regulations, nevertheless full credit must be given to the trade for the efforts they have made to produce and sell a pure product by carrying out considerable constructional improvements to their buildings and the installation at a considerable cost of up-to-date machinery as processing plant.

MILK SUPPLY

Heat Treated Milk.

Seven firms are now pasteurising milk in dairies in the City. Of these, six firms are using the Holder process and one the H.T.S.T. process. The total amount of milk pasteurised daily by these firms is 7,525 gallons; in addition 8,356 gallons of heat treated milk are purchased daily by various firms from pasteurising establishments situated outside the City.

The demand for sterilised milk appears to be increasing and at the moment two firms are retailing 1,230 gallons of sterilised milk per day.

The amount of heat treated milk consumed in Cardiff daily is therefore:—

7,525 gallons pasteurised in dairies within the City.

8,356 gallons of heat treated milk received into the City from dairies outside

1,230 gallons of sterilised milk sold in the City daily.

Total	17,111
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The amount of milk consumed daily in the City is estimated at 20,867 gallons; it will therefore be seen that about 82% of the milk consumed is heat treated.

Regarding the total daily consumption it is interesting to note this represents .75 of a pint per head of population which is almost double the pre-war rate.

It is pleasing to record that the samples of heat treated milk taken during 1948 reached a very high standard. 341 samples taken in the City were all satisfactory with the exception of four which were under-pasteurised. In addition 200 samples of heat treated milk were taken at the railway station as they arrived and only two of these were unsatisfactory, one being under-pasteurised and the other failed to satisfy the methylene blue test. This is a record that reflects great credit on the firms concerned.

Two other dairymen are installing Holder type pasteurising plants and these will be in operation in the near future so that undoubtedly Cardiff is well placed to meet the proposals of the Milk (Special Designations) Act, 1949, when this is made operative. Under this Act it is proposed to restrict the sale of milk in specified areas to milk which has been heat treated or produced from Tuberculin Tested or single Accredited herds with the proviso that the sale of Accredited Milk will cease 5 years after the Act is brought into operation.

Raw Milk.

The picture regarding raw milk is altogether different. A total of 206 samples of raw milk were examined during 1948 and of these 79 failed to reach the desirable standard of cleanliness.

Of the 206 samples, 62 were from ungraded milks with 30 unsatisfactory, 128 were "Tuberculin Tested" samples of which 44 were unsatisfactory, 16 were "Accredited" with 5 unsatisfactory samples.

Tuberculosis infection in milk is the greatest danger and it is pleasing to record that of all the samples taken during the year only 4 contained this infection. It should be noted that most of the milk supplied to the City is produced beyond our boundaries. At the present time there are only 29 milk producing farms within the City Boundary; of these 6 are producing T.T. milk and 10 Accredited.

Attention is directed to a grade of milk which has not, until recently received favour locally. Tuberculin Tested (Pasteurised) milk is now on sale in the City in

limited quantities but in course of time and as more becomes available should become very popular. Of 25 samples of this grade of milk, all were satisfactory.

One large pasteurising depot was opened in the City during the year. This depot is a co-operative effort by most of the smaller dairymen in the City whose supplies of raw milk are processed at this depot and distributed to the retailers in sealed bottles.

Graded Milks.—The following is a statement of the numbers of licences for the various grades of milk and the numbers of individual dealers under the Milk (Special Designations) Orders, 1936 to 1946, as at 31st December, 1948:—

Description						Number
(1)	Producers' licences to use the designation "Tuberculin Tested"	...	...	...	...	6
(2)	Producers' licences to use the designation "Accredited"	...	...	...	...	10
(3)	Dealers' licences to use the designation "Tuberculin Tested"—					
	(a) Bottling establishments	...	...	...	...	21
	(b) Shops (including 1 T.T. Pasteurised)	...	...	...	...	47
	(c) Supplementary	...	...	...	...	10
(4)	Dealers' licences to use the designation "Accredited"—					
	(a) Bottling establishments	...	...	...	...	—
	(b) Shops	...	...	...	...	—
	(c) Supplementary	...	...	...	...	—
(5)	Dealers' licences to use the designation "Pasteurised"—					
	(a) Pasteurising establishments	...	...	...	...	8
	(b) Shops	...	...	...	...	24
	(c) Supplementary	...	...	...	...	3

In every instance of a sample below standard, steps were taken to ascertain the cause and to effect improvement.

Legal Proceedings.—The following is a summary of legal proceedings taken during the year in connection with food, etc., inspection:—

Acts etc., under which proceedings were taken	Number	Fined	Cautioned	To Pay costs only	Dismissed	With-drawn	Taken into consideration	Amount of Fines & Costs
Food and Drugs Act, 1938 ...	38	11	—	—	15	7	5	£ s. d. 118 10 0

XII—MEAT INSPECTION

Meat Inspection at Municipal Abattoirs.—The following tables set out in detail the work done in connection with meat inspection.

Animals slaughtered and inspected at Roath Abattoir:—

Cows	...	...	...	...	...	4,988
Bulls Heifers and Steers	...	...	...	...	...	6,780
Calves	...	...	...	...	...	6,547
Sheep and Lambs	...	...	...	...	...	40,027
Pigs	...	...	...	...	...	578
Total	...	...	...	...	...	58,917

Ante-mortem inspection is carried out on all animals presented for slaughter at the Municipal Abattoir.

Particulars of carcasses inspected and condemned, in the form set out by the Ministry of Health, are given as follows:—

Carcasses Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	6780	4988	6547	40024	578
Number inspected	6780	4988	6547	40024	578
All diseases except Tuberculosis. Whole carcasses condemned	1	69	91	44	9
Carcasses of which some part or organ was condemned	113	283	301	7909	90
Percentage of the number inspected affected with disease other than Tuberculosis	1.68%	7.05%	5.98%	19.87%	17.12%
Tuberculosis only : Whole carcasses condemned	16	197	14	Nil	3
Carcasses of which some part or organ was condemned	711	1697	33	Nil	73
Percentage of the number inspected affected with Tuberculosis	10.72%	37.97%	.7%	Nil	13.13%

The total weight of diseased or unsound meat surrendered was 190 tons, 18 cwt. 83 lb.

XIII—REPORT FOR 1948 OF Mr. STANLEY DIXON, M.Sc., F.R.I.C., PUBLIC ANALYST

The work carried out in the City Analyst's Laboratory during the year 1948 is summarised in the following table, which shows the total number of samples examined and reported upon and the headings under which they were classified:—

For the City of Cardiff:

Under the Food and Drugs Act, etc.	...	...	...	1,376
Under the Fertilisers and Feeding Stuffs Act	...	...	...	26
For the Port Health Authority	...	...	...	30
For the Public Health Department	...	...	...	215
For the City Surveyor's Department	...	...	...	18
For the City Police	...	...	...	5
For the Ministry of Food	...	...	...	11
From other sources	...	...	...	13
			—	1,694

For the County Borough of Swansea:

Under the Food and Drugs Act, etc.	...	...	...	604
Under the Fertilisers and Feeding Stuffs Act	...	...	...	25
For the Public Health Department	...	...	...	24
For the Borough Engineer's Department	...	...	...	7
For the Water Engineer's Department	1
For the Port Health Authority	10
From other sources	2
			—	673

Total	2,367
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The number of samples submitted for analysis and report was considerably greater than in previous years, the next highest total being 2,077 samples in the year 1944. The increase in the amount of work involved becomes even more evident when it is remembered that during and since the war much new legislation regulating the composition, labelling and advertising of food has been enacted, and in consequence, many of the samples now require a much more detailed analysis than formerly. Lack of adequate accommodation for this work places a great strain on the personnel of the laboratory and is a matter causing much concern.

FOOD AND DRUGS ACT, 1938.

Transfer of Functions (Food and Drugs) Order, 1948.

When the Transfer of Functions (Food and Drugs) Order, 1948, came into operation on the 1st March, 1948, certain ministerial functions hitherto exercised by the Minister of Health and by the Minister of Agriculture and Fisheries under the Food and Drugs Act, 1938, and cognate legislation were transferred to the Ministry of Food, while others will in future be exercised jointly by the Ministers of Food and Health, and in some matters relating to milk, by the Minister of Agriculture and Fisheries also.

By this Order the Ministry of Food has become the Department of State primarily concerned with, *inter alia*, the composition and description of food, food inspection and hygiene generally, the heat-treatment of milk and the quarterly reports made by Public Analysts. The Ministry of Health, however, still retains its administrative interests in the composition and description of drugs, matters relating to food poisoning, and in those provisions which are concerned with the prevention and control of infectious diseases that may be transmitted by milk, ice-cream and shell-fish.

The duties of enforcement and execution placed by the Act on local authorities are not affected by this Order.

The following table shows the number and nature of the articles submitted under the Food and Drugs Act by the Sampling Officers for the City of Cardiff during the year 1948, and the number of those that were adulterated or irregular:—

Samples submitted under the Food and Drugs Act during 1948:—

Description of Sample	Number Examined	Number Unsatisfactory
Almond Substitute...	1	1
Arrowroot and Cornflour	2	—
Baking Powder	2	—
Barley, Pearl	2	1
Blackcurrant Syrup...	1	—
Butter	25	2
Cake	1	—
Cake, Pastry and Scone Flours	4	—
Cocoa	6	—
Coffee	8	—
Coffee and Chicory Extract	2	2
Colouring and Flavouring Compound...	1	—
Cooking Fat	16	2
Custard Powder	3	—
Drugs and Medicinal Preparations	36	2
Edible Oils	4	—
Eggs, Dried	2	—
Egg Substitute Powder	1	1
Fat Compound	1	—
Fat Extender	1	1
Fish, Canned	4	—
Fish Paste...	3	—
Flour and Barley Flour	6	2
Fruit Cup Aperative	1	—
Fruits and Fruit Juices, Canned	23	8
Fruits, Dried	4	2
Gelatine	1	—
Golden Syrup	1	—
Gravy Preparations	3	—
Ice Cream	43	10
Ice Cream Powders	2	—
Ice Cream Stabilisers	3	—
Jam	6	1
Jelly, Table	3	—
Lemon Curd	4	—
Margarine	13	—
Meat, Canned	3	2
Meat Paste...	1	—
Milk	1,005	107
Milk, Appeal-to-Cow Samples	23	9
Milk, Dried	2	—
Milk, Malted	2	—
Mint, Dried	3	—
Mustard, Compound	1	—
Oat Products	5	3
Onion Powder	1	—
Pepper	5	—
Pudding Mixtures	9	4
Rice, Ground	1	—
Ricette	2	2
Salad Dressing	6	—
Sandwich Spread	1	—
Sauces	9	—
Sausages	1	1
Semolina	1	—
Soft Drinks	3	—
Soft Drink Powders...	6	1

Description of Sample					Number Examined	Number Unsatisfactory
Soup, Canned	...	...	...	...	4	1
Soya Flour...	...	...	...	...	1	1
Stuffing	...	...	...	...	1	1
Spirits	...	...	...	...	11	2
Sugar	...	...	...	...	3	1
Sweets	...	...	...	...	8	—
Tea	...	...	...	...	9	—
Tea Extender	...	...	...	...	1	1
Tonic Food	...	...	...	...	1	—
Vegetables, Canned	...	...	...	...	4	2
Vermicelli	...	...	...	...	1	—
Vinegar	...	...	...	...	3	—
Total	...	...	...	...	1,376	173

The fact that a sample is submitted under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon regard was given to all relevant legislation.

Milk.—Of the 1,005 samples of milk taken in the ordinary way by the Sampling Officers from roundsmen, at wholesale dairies, schools and hospitals, 35 contained added water, 71 others contained less than the presumptive minimum of 3.0 per cent. of milk-fat, and one sample of Channel Islands milk contained less than 4.0 per cent. of milk-fat.

According to the Milk (Control and Maximum Prices) (Great Britain) Order, 1947, milk produced from cows of the Channel Islands and South Devon breeds, and for which a price higher than the maximum for ordinary milk is paid, must contain not less than 4.0 per cent. of milk-fat. One of five samples of Channel Islands milk contained only 3.74 per cent. of fat. This was morning milk and the producer was informed of the fat content of this sample. The fat contents of the other four samples ranged from 4.0 to 5.5 per cent.

The Ministry of Food is responsible for the enforcement of this Order, and it has since requested that where a Food and Drugs Authority finds a sample of Channel Islands milk or South Devon milk to contain less than 4 per cent. but not less than 3 per cent. of milk-fat, full particulars including the name and address of the vendor and producer should be referred to the Milk Division of the Ministry of Food who will consider what action should be taken.

The proportion of samples containing less than 3.0 per cent. of fat was somewhat higher than usual, but "appeal-to-cow" samples taken in connection with the larger deficiencies were also low in fat, thus indicating that the original samples were as produced by the cows and therefore were genuine in law.

In every case where the results of chemical analysis suggested the possibility of the presence of added water, the Hortvet freezing-point test was applied. Sixty-two samples that contained less than the presumptive minimum of 8.5 per cent. of non-fatty milk solids when submitted to this test proved to be free from added water.

Most of the samples that contained added water were obtained in the course of investigations relating to milk supplied to a wholesale dairy by two farmers. Legal proceedings were instituted in both of these cases. The results of these prosecutions were as follows:—

No. of Sample	Result of Analysis				Result of Proceedings	
					Fine	Costs
525	Contained	11	per cent.	of added water	£10 0s. 0d.	£1 16s. 0d.
526	"	11	"	"		
529	Contained	6	per cent.	of added water	—	£2 14s. 6d.
530	"	7	"	"		
531	"	4	"	"		
532	"	3	"	"		
533	"	4	"	"		
543	"	7	"	"		
544	"	6	"	"		
545	"	2	"	"		
546	"	3	"	"		
547	"	3	"	"		

The next table shows the average composition of all the milk samples examined during 1948 and for the years 1929-1948.

Average Composition of all Milk Samples for each Month:—

Month	1948				1929-1948			
	No. of Samples	Fat per cent.	Solids not-fat per cent.	Total Solids per cent.	No. of Samples	Fat per cent.	Solids not-fat per cent.	Total Solids per cent.
January ...	92	3.66	8.65	12.31	1,507	3.76	8.72	12.48
February ...	142	3.54	8.64	12.18	1,667	3.72	8.69	12.41
March ...	101	3.61	8.56	12.17	1,839	3.60	8.64	12.24
April ...	133	3.29	8.46	11.75	1,508	3.53	8.65	12.18
May ...	32	3.23	8.86	12.09	1,499	3.44	8.76	12.20
June ...	113	3.34	8.78	12.12	1,676	3.51	8.79	12.30
July ...	74	3.48	8.81	12.29	1,700	3.58	8.70	12.28
August ...	65	3.64	8.76	12.40	1,527	3.62	8.76	12.38
September ...	72	3.66	8.81	12.47	1,675	3.71	8.81	12.52
October ...	58	3.77	8.87	12.64	1,750	3.85	8.83	12.68
November ...	81	3.81	8.84	12.65	1,629	3.94	8.82	12.76
December ...	65	3.80	8.72	12.52	1,655	3.90	8.73	12.63
Whole period...	1,028	3.55	8.70	12.25	19,632	3.68	8.74	12.42

It will be observed that the fat content of milk is at its lowest in the month of May and that it gradually increases until November, after which there is a gradual fall until the minimum is reached. In recent years it has been found that the non-fatty solids content of milk is at its lowest in March and April and it seems likely that this is due to shortage of concentrated foods towards the end of the winter. The average non-fatty solids content for April, 1948, however, was particularly low. This is accounted for by the fact that most of the samples of milk that were found to contain added water were obtained during this month.

Although the average composition of the samples of milk examined during the year was well above the presumptive minimum limits fixed by the Sale of Milk Regulations, viz.:—3.0 per cent. of fat and 8.5 per cent. of non-fatty solids, it should be noted that the average composition of the samples examined in recent years is appreciably below that found in the years before the war. This is evident from the figures given in the following table, in which the annual averages for the years 1935-1938 and 1945-1948 are set out.

Average Composition of Milk Samples for the Years 1935-1938 and 1945-1948.

Year	No. of Samples	Fat per cent.	Solids non-fat per cent.	Totals Solids per cent.	Year	No. of Samples	Fat per cent.	Solids not-fat per cent.	Total Solids per cent.
1935	1,097	3.81	8.83	12.64	1945	949	3.59	8.64	12.23
1936	1,148	3.77	8.74	12.51	1946	1,065	3.65	8.67	12.32
1937	1,181	3.81	8.75	12.56	1947	1,159	3.59	8.73	12.32
1938	1,157	3.67	8.74	12.41	1948	1,028	3.55	8.70	12.25
1945-1938	4,583	3.76	8.77	12.53	1945-1948	4,201	3.60	8.68	12.28

This change that has taken place in the average composition of milk is undoubtedly associated with the increase in the number of herds that are composed largely or entirely of British Friesian cows. It is well known that these cows give a much larger yield of milk than other breeds but generally it is of poorer composition. This suggests that an increasing number of farmers are breeding milch cows for quantity of milk rather than for quality. Extension of the system of paying producers differential prices for milk according to its nutritive value, already introduced for milk from cows of the Channel Islands and South Devon breeds, might reverse this tendency.

Articles other than Milk.—Fifty-seven, or 16.3 per cent. of the articles other than milk were unsatisfactory. Particulars of these samples are given below:—

Samples other than Milk, Adulterated or otherwise Irregular.

Description	Nature of Adulteration or Irregularity
Almond Substitute	Infested with mites.
Barley Pearl	Infested with weevils and contained mice faeces.
Barley Flour	Infested with mites, moths and silver fish.
Boric Ointment	Contained 10% of boric acid instead of 1%—Old stock.
Butter (2 samples)	Mouldy.
Coffee and Chicory Extract	Fermenting.
Coffee and Chicory Extract	Deficient of 20% of the prescribed minimum amount of caffeine.
Cooking Fat (2 samples)	Strongly rancid (hydrolytic and oxidative rancidity).
Dates	Infested with maggots and moulds.
Egg Substitute Powder	Infested with mites, moths and silver fish.
Elder and Peppermint Tincture	Label considered to be misleading.
Fat Extender	Not of edible quality.
Flour	Infested with mites.
Gin	Being 38.4 degrees under proof = 52% excess water
Gin	Being 39.3 degrees under proof = 6.6% excess water.
Grapefruit, Canned	Contained 3.0 grains of tin per lb. Fruit discoloured and Pulpy.
Icc Cream (10 samples)	Contained gelatine, contrary to the Edible Gelatine (Control) Order.
Jam, Canned	Contained 3.5 grains of tin per lb.
Meat, Canned Luncheon (2 samples)	Unpalatable. The meat had a marked bitter taste.
Oatmeal	Infested with weevils.
Oats, Porridge	Mouldy.
Oats, Rolled	Infested with weevils.
Peaches, Canned (7 samples)	The fruits were discoloured and pulpy and contained from 2.0 to 5.4 grains of tin per lb.
Prunes	Infested with maggots and moulds.
Pudding Powder (2 samples)	Infested with mites.
Pudding Powder... ..	Infested with larvae of the Mediterranean flour moth, <i>Ephestia Kühniella</i> .
Pudding Mixture, Yorkshire	Infested with mites, moths and silver fish.

Description	Nature of Adulteration or Irregularity.
Ricette (2 samples) ...	Infested with maggots and weevils.
Sausages, Beef ...	Contained 38% of meat instead of at least 50%.
Sherbet Powder ...	Contained no sugar or other sweetening material.
Soya Flour ...	Infested with mites.
Stuffing... ..	Infested with mites.
Sugar, Castor ...	Contaminated with paraffin oil.
Tea Extender ...	Ingredients declared in the wrong order and the label considered to be misleading.
Tomato Soup ...	Contained 4.2 grains of tin per lb.
Turnips, Canned (2 samples) ...	The turnips had disintegrated, were discoloured and had an objectionable odour.

Infested Foods.—Fifteen samples of articles consisting of or containing farina, and two of dried fruits, were condemned on account of heavy infestation with mites, insects, etc. I am indebted to Mr. W. G. Pyatt, Chief Sanitary Inspector, for information relating to the following cases.

Examination by the District Sanitary Inspector of the premises and stock of a grocer revealed a most unsatisfactory state of affairs. Packets of barley flour, egg substitute powder and Yorkshire pudding powder from this shop that were submitted to me for examination were damp and covered with dirt and cobwebs, and their contents were heavily infested with mites, moths and silver-fish. Large quantities of these and other foodstuffs, much of which were pre-war stock, were condemned as unfit for food, and more than three lorry loads of rubbish and condemned food were removed from the premises. Legal proceedings were instituted against this grocer by the Ministry of Food under the Waste of Food Order and he was fined £30.

Some weeks later, the Sanitary Inspector again visited these premises and they were still found to be in a most unhygienic condition. Further samples that were submitted to me for examination consisted of pearl barley (infested with weevils and contained mice faeces), dates (infested with maggots and moulds), oatmeal and rolled oats (infested with weevils), prunes (infested with maggots) and ricette (infested with maggots and weevils). On this occasion the shop-keeper was summoned by the Chief Sanitary Inspector, and he was fined £10 for exposing for sale food that was unfit for human consumption, and fined a further £10 for failing to comply with the provisions of Section 13 of the Food and Drugs Act, 1938, which is concerned with precautions that must be taken in respect of premises where food intended for sale is prepared, stored or sold.

The other instances of infestation were isolated cases where only small quantities were involved and these were surrendered for destruction.

Canned Foods.—Fourteen samples of canned foods (fruit 8, turnips 2, luncheon meat 2, jam 1, and tomato soup 1) were reported upon adversely. With the exception of the two meat products they were from war-time stocks that had recently been released. Deterioration had occurred during storage and eight of the samples contained tin in excess of the widely adopted maximum limit of 2.0 grains per lb.

Ice-cream.—Up to the present, no standards of composition have been laid down for ice-cream, and the wide variation in the composition of the articles marketed under this description is apparent from the fact that of the 43 samples submitted during the year, 12 contained less than 2.5 per cent. of fat, while 8 contained 8.0 per cent. or more of fat, and it is further indicated in the following table in which the range and average

percentages of fat and total solid matter in the samples of this commodity that have been examined during the last two years are shown.

1948—43 Samples :—			<i>Minimum.</i>	<i>Maximum.</i>	<i>Average.</i>
Fat	...	...	0.25	9.2	4.4 per cent.
Total Solid Matter	...	...	14.0	35.0	26.5 „
1947—17 Samples :—					
Fat	...	...	0.1	11.5	3.3 „
Total Solid Matter	...	...	18.3	35.2	25.3 „

For many years gelatine has been extensively used in ice-cream as a stabiliser, but early in 1947, on account of the shortage of edible gelatine and because other materials suitable for this purpose were available, its use in the manufacture of ice-cream was prohibited. During 1948 the supply position with regard to edible gelatine improved considerably, and in November the ban on its use in ice-cream was removed. Prior to this, however, 10 samples of ice-cream were found to contain gelatine, and the attention of the vendors was drawn to the provision then in force.

Fat Extender.—A sample submitted as a fat extender was a soft brown fat-like article which, upon detailed examination, was found to consist essentially of mono-glycerides of fatty acids with the addition of the butter flavouring principles known as diacetyl and acetyl methyl carbinol. It had a nauseating and persistent taste, melted to a dark brown oil and contained 2.3 per cent. of soap. It was an extremely low-grade product and in my opinion it was unfit for human consumption.

Legal proceedings were instituted against the firm that supplied the local wholesalers for selling food intended for, but which was unfit for human consumption, and also for selling an article which was not of the quality demanded by the purchasers. The first of these cases failed because it transpired that the summons was issued one day outside the time limit allowed under the Act and it was therefore dismissed with the award of three guinea costs to the defendants. With regard to the second summons, it was found that certain “typographical errors” had been introduced at a stage outside the control of the prosecution. Although these were corrected by the Court, the Prosecuting Solicitor subsequently considered—unfortunately, in my opinion, that it was advisable to withdraw the case.

Sherbet Powder.—Originally, sherbet was a cooling beverage used in the East, prepared from barley meal, sugar and flavouring materials. In this country the name “sherbet” is usually given to effervescing powders similar to lemon kali, made up of fine sugar, bicarbonate of soda, tartaric or citric acid, flavouring, and in some cases, colouring matter.

One of the four sherbet powders examined consisted of a mixture of sodium bicarbonate, magnesium carbonate and tartaric acid. It contained no sugar or other sweetening material and with water it made a very unpalatable drink. In my opinion this powder, which was submitted by a private purchaser, could not be regarded as being of the nature demanded. The other samples made satisfactory “still” drinks and consisted of sugar with a small quantity of citric acid and colouring. Though no objection could be taken against the composition of these three samples, having regard to the fact that they contained about 95 per cent. of sugar the price charged for one of them—4d. per oz. or 5/4d. per lb.—seemed very excessive.

Spirits.—The alcoholic strength of potable spirits must not be reduced below 35 degrees under proof. Two samples of gin obtained from one vendor were below this minimum strength. The excess water amounted to 5.2 and 6.6 per cent. respectively and he was fined £2 on each sample.

Other Articles.—The sample of beef sausages contained not more than 38 per cent. of meat whereas it should have contained not less than 50 per cent. of this ingredient, and legal proceedings were instituted against the vendor by the Ministry of Food. This case was heard at the same time as proceedings in respect of another sample obtained from this purveyor in December, 1947, when the meat content was then only 30 per cent. The vendor was fined £50 and £2 2s. 0d. costs in respect of the first sample obtained, and the deficiency in the sample procured early in 1948 was taken into consideration when the amount of the penalty was decided.

The results of analysis of a sample of tea extender tablets showed that the ingredients were not declared on the label in the order of the proportion in which they were used, commencing with that used in the greatest proportion, as required by the Labelling of Food Order. Further, certain claims on the label were considered to be misleading. A formal sample of these tablets, and of the coffee and chicory extract that was deficient in caffeine, was obtained early in 1949.

Having regard to the composition of an informal sample of elder and peppermint tincture, statements on the label as to the properties of this article appeared to be quite unjustified and further consideration will be given to this matter when the opportunity arises.

MISCELLANEOUS SAMPLES

Cardiff Port Health Authority.—Twenty-nine samples of imported foodstuffs were submitted under the Public Health (Imported Food) Regulations and the Public Health (Preservatives, etc., in Food) Regulations. In addition, a sample of wax used for sealing hatches was examined for this Authority.

Six of the samples of foodstuffs consisted of canned tomato paste. They were taken from a large consignment from Italy and were found to contain copper in excess of the maximum limit of 100 parts per million parts of dry solids agreed upon by Port Medical Officers of Health. The proportion of copper in these samples and in two other canned tomato products were as follows:—

<i>Article.</i>	<i>Copper in the dry solids</i>	
Canned Tomato Paste	770	parts per million
“ “ “	136	“ “ “
“ “ “	130	“ “ “
“ “ “	180	“ “ “
“ “ “	405	“ “ “
“ “ “	475	“ “ “
Canned Tomato Puree	20	“ “ “
Canned Tomatoes	9	“ “ “

Three of four samples of apples contained arsenic, but the amounts present expressed in terms of arsenious oxide were well below the maximum limit of 1/100th grain per lb. recommended by the Royal Commission on Arsenical Poisoning.

The rest of the samples examined were genuine.

Fertilisers and Feeding Stuffs.—Eight samples of fertilisers and eighteen of feeding stuffs were submitted under the Fertilisers and Feeding Stuffs Act, 1926.

A sample of basic slag was not in accordance with the guarantee given with it. The particulars supplied and the results of analysis were as follows:—

	<i>Guaranteed</i>	<i>Found</i>
Phosphoric acid (P_2O_5) ...	12.0	7.4 per cent.
Fineness of grinding ...	90	71 “

Except for finding minor deviations from the figures for oil and fibre given with two of the samples of feeding stuffs, the rest of these articles were satisfactory.

Corporation Departments.—The samples examined for the various departments of the Corporation consisted of Human Milk 195, Foods 6, Waters 7, Silt 11, Mortar 5, Petrol 5, and other articles 9.

Ministry of Food.—Eleven samples consisting of Canned Grapefruit 2, Custard Powder, Fat, Fat Concentrate 2, Pearl Barley, Sausages 3 and Split Peas, taken by Enforcement Officers of the Ministry of Food under the Sampling of Food Order, 1942, were submitted for analysis and report.

Private Samples.—Work is undertaken for private firms and individuals only when matters of public health or public interest are involved. The ten samples from private sources that were examined consisted of Bakers' Compound, Gin, Ice-cream 2, Malt Extract Tablets, Milk 5, Petrol 1 and Oil.

XIV—METEOROLOGICAL OBSERVATIONS

The geographical position of the Meteorological Station, which is situated at Penylan, Cardiff, is Latitude $51^{\circ} 30' \text{N.}$, Longitude $3^{\circ} 10' \text{W.}$, and the height of the Station above mean sea level is 203 feet. Observations were made daily at 9.0 a.m. Summaries of the observations made during 1948 are given in the following tables:—

BAROMETRIC PRESSURE AND RELATIVE HUMIDITY.

Month	Attached Thermo- meter (Mean)	Mean Barometric Pressure		Hygrometer		
		Uncorrected	Reduced to Mean Sea Level and Temp. 32°F.	Dry Bulb (Mean)	Wet Bulb (Mean)	Mean Relative Humidity
	$^{\circ}\text{F}$	Inches	Inches	$^{\circ}\text{F}$	$^{\circ}\text{F}$	%
January	42	29.253	29.456	42.8	41.4	88
February... ..	41	29.920	30.127	40.6	38.8	86
March	47	30.134	30.326	46.5	43.8	80
April	49	29.708	29.887	50.1	45.6	71
May	53	29.772	29.941	54.4	49.5	70
June	56	29.759	29.919	57.0	52.9	75
July	60	29.863	30.011	60.8	56.5	75
August	60	29.745	29.891	60.0	56.7	81
September	58	29.844	30.098	58.3	55.1	81
October	52	29.848	30.023	50.3	48.6	89
November	47	29.952	30.141	46.1	45.2	93
December	44	29.802	30.000	42.7	41.2	88
	50.7	29.800	29.985	50.8	47.9	81.4

TEMPERATURE.

Month	Absolute Maximum	Absolute Minimum	Mean of Maximum	Mean of Minimum	Mean Temperature	Difference from Average (59 years)
	° F	° F	° F	° F	° F	° F
January ...	56	29	48	38	43.0	+3.1
February...	59	21	46	37	41.5	+1.2
March ...	67	32	56	40	48.0	+5.1
April ...	67	33	57	41	49.0	+2.1
May ...	75	35	63	44	53.5	+0.7
June ...	74	43	63	51	57.0	-0.7
July ...	88	46	68	53	60.5	-0.2
August ...	73	47	67	53	60.0	-0.7
September ...	74	37	65	51	58.0	+1.2
October ...	68	31	57	46	51.5	+0.9
November ...	61	30	52	42	47.0	+2.4
December ...	59	26	48	38	43.0	+1.8
	88	21	57.5	44.5	51.0	+1.4

 TERRESTRIAL RADIATION, UNDERGROUND TEMPERATURE
AND SUNSHINE.

Month	Underground Temperature (Mean)		Bright Sunshine	
	1 ft.	4 ft.	Total Duration	Difference from Average (40 years)
	° F.	° F.	Hours	Hours
January ...	43.5	47.3	40.3	-12.5
February ...	42.5	46.0	84.1	+18.5
March ...	44.6	45.4	166.8	+48.7
April ...	48.2	47.5	197.5	+29.9
May ...	53.8	50.8	297.5	+97.6
June ...	56.8	54.1	159.9	-55.1
July ...	60.5	56.3	163.4	-33.8
August ...	60.9	58.5	147.8	-39.6
September ...	57.7	57.6	150.5	+5.1
October...	53.3	55.9	92.0	-14.1
November ...	47.6	51.9	54.5	-8.4
December ...	43.9	49.3	59.4	+10.6
	51.1	51.7	1613.7*	+46.9

* = 35.8% of possible duration and a daily average of 4.4 hours.

RAINFALL.

Month	Total	Difference from Average (59 years)	Greatest Fall in 24 hours*		Number of Rain-days (0.01 inch or more)
			Amount	Day	
	Inches.	Inches.	Inches.		
January	8.53	+4.43	1.28	6th	25
February	2.38	-0.53	.73	5th	17
March	1.77	-1.11	.6	31st	12
April	2.64	+0.01	.45	3rd	14
May	4.01	-1.34	1.39	3rd	9
June	3.59	-1.0	.63	6th	20
July	4.29	+1.24	2.16	29th	13
August	5.65	+1.71	1.97	2nd	17
September	4.18	+1.03	1.78	2nd	14
October	5.61	+0.96	1.53	17th	17
November	2.45	-1.54	.77	6th	12
December	4.95	+0.43	.78	8th	15
	50.08	+8.97	2.16 ins. on 29th July		185

* 24 hours ended 9 a.m. (G.M.T.) next day.

XV—MISCELLANY

Disinfection.—Disinfection was carried out at 1,156 houses during the year, and 8,098 articles of bedding, clothing, etc., were removed to and disinfected at the Disinfecting Station; 279 infected articles were destroyed by arrangement with or at the request of owners.

Cleansing Station.—The total number of baths for scabies, pediculosis, etc., undertaken at the Cleansing Station was 18. For particulars of baths given at the Cleansing Station, St. David's Hospital, see page 118.

Public Mortuary.—Eighty-seven bodies (65 males, 22 females) were taken to the Public Mortuary and 38 post-mortem examinations were performed there.

APPENDIX

NATIONAL HEALTH SERVICE ACT, 1946

Proposals of the Cardiff County Borough Council (as approved by the Minister of Health) for carrying out their duties under the Act.

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22).

PART I.

General Statistical Data.—(1) Total mid-1946 population, 224,450; (2) Total mid-1946 number of children under five, 17,740; (3) Number of registered live births in area—legitimate and illegitimate, 1945: 4,069; 1946: 4,902.

Existing Service.—Administrative responsibility for the service rests with the Medical Officer of Health who is also School Medical Officer and he is assisted by a deputy and a senior medical officer. The Medical Officer of Health is responsible to the Maternity and Child Welfare Sub-Committee of the Local Health Authority. Two senior medical officers, six full-time assistant medical officers and four part-time medical officers comprising the medical staff of the Local Health Authority devote forty-four sessions (the equivalent of the services of four full-time medical officers) in each week to the Maternity and Child Welfare Services, i.e., at ante-natal, post-natal, child welfare, and special clinics and in the inspection of domiciliary midwives and nursing homes. The Welfare Authority in co-operation with the Local Education Authority employ altogether forty-four health nurses who undertake the duties of both authorities in the area embracing clinic work, and work in connection with diphtheria immunisation, treatment of scabies, orthopaedic, open air day school, tuberculosis, child life protection, mental deficiency, venereal diseases, and the following up and after care of gastric and diabetic cases. After deducting the ten health nurses required full-time for special duties connected with the aforementioned services the remaining thirty-four serve the two authorities' services in the proportion of twenty-one whole-time health nurses to Maternity and Child Welfare and thirteen to School Health Services. The Superintendent Health Nurse and the Deputy Superintendent Health Nurse are not included in this allocation of services but they each devote approximately two-thirds of their time to the Maternity and Child Welfare Services and one-third to the School Health Service. Five "Clinic Helpers" (trained first-aid workers) are employed to carry out such duties as charting, the weighing of infants and various other essential services necessary at the child welfare clinics and so relieve the health nurses for the more important professional duties required from highly trained personnel. The lay administrative staff is comprised of one administrative officer and four clerks and in addition five female clerks are employed half-time to attend at the child welfare clinics to sell and distribute the welfare foods to mothers sanctioned by the medical officers in charge of the clinics.

Clinics.—Clinics are situated in fifteen districts in the City; six in school health service clinic premises, one in a municipal hospital which contains the City Municipal Maternity Wards, seven in Church or Chapel Halls, and in one instance only, premises are available for the sole use of the maternity and child welfare services. In this case the premises are leased from a voluntary hospital and house the maternity and child welfare clinics and a special clinic for the treatment of venereal diseases in mothers and infants. This is the type of clinic premises so desirable in all districts of the City.

Ante-natal Clinics.—Expectant mothers are encouraged to attend at the clinics regularly, i.e., once in each month up to the seventh month of pregnancy, fortnightly from seventh to eighth month and each week thereafter, except when being attended by a municipal midwife in her district and, in that case, the expectant mother is given advice up to the seventh month when she is then asked to attend at the clinic for medical examination. The municipal midwife attends at the clinics to receive instructions regarding her cases from the medical officer at the clinic. Arrangements are made, if necessary, for admission to the Municipal Maternity Hospital or to the Cardiff Royal Infirmary Maternity Department, and close liaison is maintained regarding the flow of cases to these hospitals by the medical officers. In cases where the provision of domestic assistance in the home for women at the time of their confinement is necessary, such arrangements are made at the clinics and for this service the Welfare Authority have a staff of twenty Home Helps. Reports on the home conditions are first of all made by the health nurse in these cases. X-ray examinations are carried out at the Municipal Maternity Hospital and reports on such examinations sent to the medical officers at the clinics. All cases requiring specialist advice are dealt with in the same way, and arrangements are made for the admission of special cases by the Senior Resident Medical Officer of the Municipal Maternity Hospital who is usually present at these consultations. Beds are available at this hospital for emergency cases and the Municipal Ambulance Service is used for the conveyance of the patients. Iron tonics, vitamin tablets, orange juice and cod liver oil are supplied at the clinics. Maternity outfits are available in emergency, but mothers are encouraged and expected to provide outfits and such provision is ensured in advance by the municipal midwives who keep in close touch with their expected patients. In some districts arrangements operate for a team of midwives to hold their own ante-natal sessions once in each week at the clinic in the district. Dental treatment (including the provision of dentures for mothers) is provided for expectant mothers and for infants who attend at the clinics, upon recommendation by the clinic medical officer. The Local Education Authority's Dental Officers devote a proportion of their time to this work to an extent approximating the services of one full-time dental officer. Treatment is carried out at six district clinics in order that the expectant mother will have as little travelling as possible and also that she will be dealt with by the same health nurse with whom she usually consults at the clinics, and who visits at her home.

Post-natal Clinics.—The low attendance at the post-natal clinics is due to the intensive home visiting which is carried out by the health nurses when advice is given to nursing mothers. Such visits are made within one month of the birth of the child and thereafter at intervals of three months, six months, nine months and twelve months, followed by visits at six monthly intervals until the child reaches school age.

Child Welfare Clinics.—All mothers are encouraged to attend with their infants at the child welfare clinics where the infant is weighed, a weight card given to the mother, and advice given on feeding, etc., and in all cases of first attendances they are seen by a medical officer. At the age of nine months arrangements are made for the infant to be immunised against diphtheria at the district clinic at which she attends or, should the mother prefer this carried out at her home, a mobile van, staffed by two health nurses, is in constant use for this purpose. Propaganda and educational films, arranged by the Authority's Public Relations Officer, are shown at the clinics.

Specialist examination and treatment for the following conditions are available under the Authority's scheme. Most of these services are maintained by joint arrangements between the Welfare and School Health Services.

- (1) Orthopaedic.
- (2) Ophthalmic.
- (3) Ear, nose and throat.
- (4) Heart and Rheumatic diseases.
- (5) Orthoptic.

Crippling Defects and Orthopaedics.—Arrangements operate for the admission, through the department's orthopaedic scheme, of cases requiring operative treatment and for the fitting and supply of appliances to the Prince of Wales' Orthopaedic Hospital. The hospital charges are paid in all cases by the Council and recovered from the parents according to their ability to pay and in accordance with the scale of income adopted throughout the service.

Heart Disease and Rheumatism.—The treatment of children suffering from heart disease and rheumatism is carried out under the aegis of the Local Education Authority. Various clinics are held throughout the City and the Lord Pontypridd Hospital (Dulwich House) is an approved residential special hospital school for cases requiring in-patient treatment.

Radiography.—Radiography is carried out at the City Lodge Hospital by a medical officer of the Public Health Department.

Orthoptic Treatment.—An Orthoptist is employed for the treatment of cases of squint in pre-school and school children. Early treatment, usually at the age of eighteen months, is thus provided at the Council's clinic.

Visual and Nose and Throat Defects.—Arrangements between the Child Welfare and School Health Authorities exist for the treatment of infants at the clinics where specialist advice is available and, when necessary, operative treatment provided at the Cardiff Municipal General Hospital.

The Cardiff Institute for the Blind is notified of cases of blindness who come to the notice of the health nurses during district visiting.

Day Nurseries.—The Council maintain ten day nursery schools and classes, providing accommodation for 84 children from 0—2 years of age and 462 children from 2—5 years of age. The Maternity and Child Welfare service is responsible for a proportion of the cost of the schools to the extent of £3,056 (one-sixth of the total cost), the Local Education Authority being responsible for the remaining £15,280 (five-sixths) of the cost. All medical services are provided by the medical officers and health nurses of the Public Health Staff.

Residential Nurseries.—The Church of England Children's Home in the City makes provision for the admission of illegitimate infants to their residential nursery and for this service receives a grant of £1,030 per annum. The Home is open for inspection by the Authority's representatives and by a visiting committee of the Council.

Mother and Baby Homes.—A grant of £720 per annum is made to the Salvation Army Home which provides accommodation for mothers and babies to the extent of 17 beds, and 15 cots.

Mothers' Advisory Clinic.—A grant of £75 per annum is made to a clinic for mothers which operates for the purpose of giving specialist advice and guidance in cases where, physically and mentally, mothers are considered to be "special cases" who require advice and guidance which is not readily available at the usual ante-natal clinics. This clinic is also closely associated with the Marriage Guidance Council in their activities.

(a) *Ante-natal Clinics:*

(i) Number of clinic premises ...	...	...	...	9
(ii) Number of expectant mothers who attended in 1946 ...	...	...	...	4,001
(iii) Number of sessions held weekly ...	...	...	...	16

(b) *Post-natal Clinics:*

(i) Number of clinics	...	...	...	...	2
(ii) Number of sessions held weekly	...	...	...	...	2

(c) *If arrangements are made with general practitioners:*

(No arrangements made with General Practitioners generally but certain women medical practitioners are at present appointed as part-time officers on a sessional basis).

(d) *Child Welfare Clinics:*

(i) Number of clinics	...	...	...	...	15
(ii) Number of sessions held weekly	...	...	...	...	23

(e) *Day Nurseries:*

(i) Number	...	...	...	...	6
(ii) Number of places for children	...	...	...	...	420

(f) *Residential Nurseries provided under Maternity and Child Welfare Powers:*

(i) Number	...	...	...	...	—
(ii) Number of places for children	...	...	...	...	—

(g) *Mother and Baby Homes:*

(i) Number	...	...	...	...	...	2*
(ii) Accommodation						
(a) Mothers	...	...	...	...	...	25
(b) Babies	...	...	...	...	...	30
(iii) Number of maternity beds (if any)	...	...	...	...	...	10

(h) *Dental Treatment given in 1946:*

(i) To expectant and nursing mothers	...	...	...	—
(ii) To children under five	...	...	...	—

	<i>Expectant Mothers</i>			<i>Pre-School Children</i>		
Referred for dental treatment by Medical Officers	658	...		258		
Found to be in need of treatment	525	...	194	
Received treatment	375	...	199	
Made dentally fit	277	...	184	
Attendances	1,195	...	232	
<i>Treatment:</i>						
Teeth filled	107	...	49	
Teeth extracted	2,585	...	422	
Dressings	44	...	10	
Scalings	74	...	4	
Administrations of general anaesthetics	490	...	193	
Supplied with dentures	141	...	—	

* Includes "Northlands" (Salvation Army) Home and Suffolk House, a Home provided by the Welfare Authority with accommodation for eight mothers and fifteen babies.

PART II

DESCRIPTION OF THE SERVICE WHICH IT IS PROPOSED TO OPERATE
ON THE APPOINTED DAY.

GENERAL ARRANGEMENTS.

1. *Administrative Arrangements.*—In general, the local health authority propose to continue the existing service described in Part I; and, in co-operation with the Regional Hospital Board, Executive Council, Hospital Management Committees and Boards of Governors of Teaching Hospitals, to preserve and improve the close integration of the service.

The local health authority's service will be in charge of the Medical Officer of Health, who is also School Medical Officer, assisted by a Deputy and a Senior Medical Officer. Assistant medical staff will be employed as at present (Part I).

The Medical Officer of Health will be responsible to the Maternity and Child Welfare Sub-Committee of the Local Health Authority's Health Committee. The Sub-Committee is constituted in accordance with the recommendations of Circular 22/47 (Wales), 19th February, 1947.

The senior dental officer appointed for the organisation and development of the school dental service will be responsible for the new dental service, subject to co-ordination by the Medical Officer of Health.

Medical Practitioners will be employed part-time for sessions at infant welfare centres, ante-natal clinics and day nurseries, according to requirements.

2. Joint arrangements with other local health authorities are not proposed except in so far as it may be deemed expedient to continue the existing participation in the work of the Joint Cancer Committee for South Wales and Monmouthshire.

3. *Arrangements with Voluntary Organisations.*—(a) Unmarried mothers will continue to be sent to the mother and baby home mentioned below. In return for contributions from the local health authority, the home will provide mother and baby accommodation to which the nominees of the local health authority will be admitted as vacancies permit. Payment of contributions will be subject to conditions (a) that the service and any premises in which it is carried on are open to inspection at all reasonable times by duly authorised officers of the local health authority; and (b) that the local health authority is given an appropriate share in the management of the home.

<i>Name and Address at Home</i>	<i>Ante- Natal</i>	<i>Post- Natal</i>	<i>Maternity Total Ante- excluding and labour and Post-natal isolation</i>		<i>Cots.</i>
"Northlands," Salvation Army Home, North Road, Cardiff	17		17	10	15

Admission to this home will continue to be arranged by the local health authority's social welfare officer with the Matron of the Home.

(b) Children will continue to be admitted to the Church of England Children's Society's Nursery (Edward Nicholl Nursery—30 cots) on similar terms as in (a) above.

It is proposed to continue the annual grant payable to the Cardiff Mothers' Advisory Clinic which advises mothers as to their procreational health.

It is proposed to continue the annual grant to the Cardiff Marriage Guidance Council which, in so far as it prevents the break-up of marriage may be helping in the care of

expectant and nursing mothers and children. These arrangements will be mentioned again in the local health authority's proposals made under Section 28 of the National Health Service Act, 1946—"Prevention of Illness, Care and After Care."

4. *Liaison with Other Bodies*.—It is hoped that after consultation with interested bodies the following arrangements will be made:—

(a) *Joint Appointments of Medical Staff by Local Health Authority and Regional Hospital Board*.—The following consultant arrangements will be available and the necessary joint appointments of specialist staff by the local health authority and the Regional Hospital Board will be made. Members of the medical staff who are at present engaged for six sessions each at the ante-natal clinics of the Maternity Departments at City Lodge Hospital and the Cardiff Royal Infirmary, should continue to do so. Considerations will be given to the extension of this arrangement so that other medical officers on the staff of the local health authority who undertake part-time school and part-time maternity and child welfare work, would also participate in the ante-natal work either at City Lodge Hospital or at Cardiff Royal Infirmary. Members of the medical staff who are at present engaged for four sessions a week at the Orthopaedic Department at City Lodge Hospital should continue to do so. The member of the medical staff who is at present engaged for six sessions per week at the V.D. Department at the Cardiff Royal Infirmary should continue to do so. The Authority's woman social welfare worker who is at present engaged for six sessions a week at the V.D. Department of the Cardiff Royal Infirmary should continue this work.

(b) *Provision of Special Services by Regional Hospital Board*.—The Paediatrician who at present attends one session per week at City Lodge Hospital as part of the local authority's Juvenile Rheumatism Supervisory Scheme should continue to do so. The arrangement for the provision and staffing of a Cleansing Station for Scabies at City Lodge Hospital should be continued. The arrangement for the rental of premises at City Lodge Hospital for the holding of an infant welfare clinic in charge of an assistant medical officer employed by the local health authority should continue. Arrangements should be made with the Regional Hospital Board for the continuance of the service by specialists in ear, nose and throat diseases and in diseases of the eye for the care of school children, suffering from these diseases. *Arrangements should be made for the setting up of an aural paracentesis preventive and therapeutic service for children of all ages and similarly a dermatological service for children of all ages.*

At City Lodge Hospital special organisation has been made of a premature infants ward unit modelled on the famous Birmingham scheme and also for the provision of a human milk bank modelled on the famous Queen Charlotte's Hospital scheme. Arrangements should be made for Cardiff premature infants and weakly infants to continue to enjoy the advantages of these specialist services. Arrangements should also be made with the Regional Hospital Board for the continuance of post-graduate training of health visitors and midwives in the care of premature infants (Section 2 below), and of midwives in gas and air analgesia.

Generally arrangements should be made with the Regional Hospital Board that as required the services of specialists will be available whether at a hospital, a health centre, a clinic, or if necessary at the home, in order to provide the necessary care for expectant and nursing mothers and for young children.

PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

1. *Clinics*.—(a) See Part I.

(b) See Part I.

(c) See Part I.

(d) It is proposed to continue the special V.D. Clinic for mothers and children already provided by the local health authority.

2. *Care of Premature Infants.*—The hospital arrangements made at City Lodge including the special ward unit and the human milk bank have been mentioned under 4(b) above. It is hoped that after the Appointed Day, the Cardiff premature and weakly infants will still be able to enjoy the advantages of these specialist services. The local health authority has also a scheme for the care of premature infants which was brought out after receipt of Circular 20/44 (Wales), dated 22nd March, 1944. It is proposed to continue the operation of that scheme.

3. *Dental Care.*—The arrangements for the dental care of nursing and expectant mothers will continue as out-lined in Part I, but it will be necessary to appoint as soon as may be, two additional dentists and two additional dental attendants. Additional premises for dental work may also be required but this will be referred to in the development plan. (*Dentists will be employed part-time according to availability and according to requirements*).

Provision for Dental Treatment.

- (i) (a) *Expectant Mothers.*—The present arrangements whereby treatment and the provision of dentures is provided only for attenders at the ante-natal clinics will be extended to include all who need treatment whether referred from ante-natal clinics, private practitioners or domiciliary midwives and will allow for dental inspection clinics to operate at the six district clinics where child welfare and ante-natal clinics are being held. Any expectant mother may present herself for dental inspection at these clinics without any prior application.
- (b) *Nursing Mothers.*—As in (i) (a), Health nurses will, during routine visiting, encourage mothers to attend at the clinics for periodical dental inspection.
- (c) *Young Children.*—As stated in (i) (a) dental officers will hold inspection clinics at the six district clinics when child welfare clinics are in session and the inspection of all children in attendance at nursery schools will be undertaken. Health nurses will inform parents, when routine visiting, of the place and time of dental inspection in their districts. (A pamphlet will be issued for this purpose to include also dental health propaganda. The aim is to give *regular* reminders at six monthly intervals as is done by good class dentists in their private practices).
- (ii) *Dentists.*—The dental staff of the Local Education Authority comprising a senior dental officer and five dentists, all full-time officers, should at present devote eleven sessions per week to the dental inspection of expectant mothers and infants in order that those recommended from the clinics may receive appropriate treatment. To carry out the proposed service an additional two dental officers will be required, bringing the dental staff to a total strength of eight full-time officers who would devote thirty-three sessions in each week for the inspection and treatment of expectant and nursing mothers and of infants under school age.
- (iii) Thirty-three sessions in each week will be held when additional dental surgeries are available for the increased staff necessary for the work to be undertaken.
- (iv) *Dentures.*—The present arrangement with two dental laboratories in the City for the supply of dentures should be sufficient to meet all demands. Representatives from the laboratories attend at the dental clinics to receive instructions from the dental officers and collect and deliver dentures. Charges will be made for replacement of dentures as suggested in paragraph 16 of Circular 118/47 following the principle mentioned in Section 44 (1) (b) of the Act. The charges will be based on scales to be recommended by the Association of Municipal Corporations.

4. *Supply of Welfare Foods.*—Welfare foods are purchased in bulk and distributed from a central store to the fifteen child welfare clinics. Five female clerks are employed half-time to sell and distribute the foods at these clinics. Issues are not made indiscriminately, for the mother and infant have in the first instance to be seen by the clinic medical officer who has to make the necessary recommendation on the clinic attendance card before issues are made. Issues are restricted to sufficient quantities for consumption in one week and the card is stamped accordingly by the clerk. Except in special cases dried milk is issued up to the age of nine months. The selling price is fixed to include cost of purchase and distribution.

5. *Provision of Maternity Outfits.*—Where necessary Outfits consisting of:—

- 2 waterproof sheets;
- Perfectus accouchement sheet;
- 2 packets of cotton wool;
- 1 doz. maternity towels;
- $\frac{1}{2}$ doz. sanitary towels;
- 1 packet umbilical pads;
- 1 packet linen thread;
- $\frac{1}{2}$ doz. safety pins;
- 1 towel

will be provided free to any expectant mother who is to be delivered at home in the local health authority's area.

6. *Nursery Provision.*—(a) Day Nurseries. (b) Residential Nurseries. Under 7 below a description will be given of a provision to be made by the local health authority for the care of unmarried mothers and for children in the form of a mother and baby home for eight mothers and fifteen children. It is proposed that some of these places will be offered as residential nursery places to other infants as well as those whose mothers are unmarried. (c) It is not proposed to make any provision of this kind.

7. *Care of Unmarried Mothers and their Children.*—In pursuance of Circular No. 2866 (Wales), 1st October, 1943, the Authority have already appointed two whole-time women social welfare workers (certificated almoners) whose duties have included the care of unmarried mothers and their children and to work with voluntary associations formed for this purpose. It is understood that the associations have appreciated the services of the women social welfare workers, services which it is proposed to continue. It is also proposed to continue subsidising the voluntary associations concerned (see paragraph 2 above). In addition, the Authority have acquired, prepared and are now about to equip and staff, their own mother and baby home to provide places for eight mothers and fifteen babies *but subsequent to confinement*. No arrangements will be made for maternity work there. Arrangements will have to be made for the women social welfare workers to continue this work for the care of unmarried mothers and their babies at City Lodge Hospital.

PART III

DEVELOPMENT PLAN.

The immediate needs of the service are for more dentists and more health visitors. (See proposals under Appendix C.).

The long term development requires better premises for Maternity and Child Welfare Centres, replacement of the rented Chapel Halls, etc., by Ad Hoc specifically designed

buildings. These will be placed wherever possible as a part of the health centres to be described in the local health authority's proposals under Section 21 of the National Health Service Act, 1946. Additional medical, dental and health visiting staff will be taken on as required and in the light of experience of the working of the new service. Additional orthoptists should be appointed as and when required, but one more is needed urgently. Consideration will be given by the Authority to the introduction at their infant welfare centres of the Neuman-Neurode system of physical exercises for infants.

MIDWIFERY

(SECTION 23).

PART I.

Statistical Data.—Total number of domiciliary births in the Authority's area:—

(a) 1945: 1,616; (b) 1946: 2,051.

EXISTING SERVICE.

Provided by the Council.—The number of whole-time salaried midwives employed directly by the City Council is at present 18, but the Council have agreed that this number may be increased to 24 as and when required. These "Municipal Midwives" are under the control of the Medical Officer of Health. A senior medical officer, in addition to duties in the maternity and child welfare service, is responsible with the Superintendent Health Nurse for the supervision and control of the service and is in addition Medical Inspector of Midwives and of Nursing Homes. Midwives work in co-operation with the ante-natal clinics serving their areas and attend the clinics when their engagements allow. All midwives employed in the service are trained in the administration of gas and air analgesia and 16 sets of apparatus are available. The Council have granted motor-car allowances to all midwives in possession of motor-cars, those without have the use of the Municipal Ambulance Service for the transport of themselves and apparatus—a car having been purchased for this purpose and for the conveyance of sitting cases to the Maternity Hospitals when required. The training of the midwives in the administration of gas and air analgesia was undertaken by the staff of the Municipal Maternity Hospital, and such training should be available for future appointments. In most districts the midwives possess their own homes, having resided in the district prior to appointment in 1936, but great difficulty is being experienced in housing midwives in the remaining districts, particularly in out-lying suburbs. This does hinder the development of a fully efficient service. Every effort has been made by the Maternity and Child Welfare Committee to obtain houses through the local Estates Committee but without success.

Provided by arrangement through the agency of Other Bodies.—The City Council co-operate with the Maternity Department of the Queen's Institute of District Nursing in providing a midwifery service; each acts separately but with every degree of co-operation. The Institute establish and maintain an area office at the Maternity Department of the Institute and receive all telephone calls, day and night. Each Municipal Midwife keeps the area office informed by telephone of her movements and off-duty hours, annual leave and sick leave arrangements are arranged and controlled from this office. In this way prompt attendance of a midwife may be secured at any time and in the absence of a "booked" midwife, a substitute speedily provided. The staff of the Institute is comprised of a Superintendent, Area Office Sister, six midwives and twelve pupil midwives. The Inspectors of Midwives, who are members of the staff of the Public Health Department, keep in close touch with the area office. The City Council appoint three representatives on the local General Committee of the Institute and the Maternity Sub-

Committee of the General Committee consists of an equal number of representatives of the Institute and the City Council. The City Council is responsible for the following financial liability:—

(1) Contributions towards area office expenses and to salaries and emoluments of midwives	...	...	£1,500
(2) Fees for the training of midwives	...	.....	725
(3) Grants under L.G. Act, 1929	...	...	67
Total			<u>£2,292</u>

The fees charged for the services of the midwives of the Institute correspond to those charged for the services of the municipal midwives. The Institute midwives are trained in gas and air analgesia and are in possession of the apparatus. The Municipal Ambulance Service is available for use of the Institute Midwives as in the case of Municipal Midwives.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. *General Arrangements.*—As in Part I. The Authority although at the moment providing only 18 Municipal Midwives, at the time of the enactment of the Midwives Act, 1936, did authorise the Medical Officer of Health to increase the number to 24 as and when required. It is proposed to retain this provision so as to allow the Medical Officer of Health still to appoint the six additional municipal midwives as and when required. It is appreciated that the taking over of the Authority's Maternity Department at City Lodge *may* result in fewer beds there being available for Cardiff patients and correspondingly more confinements may have to take place at home with resulting increased demand for the services of domiciliary midwives. The financial and administrative arrangements for continuing domiciliary midwifery in co-operation with the Cardiff Branch of the Queen's Institute will be merged in the overall agreement for delegating to them home nursing. For details please see that section of the Authority's proposals (Appendix D, (Section 25) Part I.).

2. *Number of Midwives to be Employed.*—See Part I and see 1 above. No immediate intention to employ part-time midwives; consideration of this will be given as and when required.

3. See Part I. It is proposed to appoint the existing Superintendent Health Visitor and Deputy Superintendent Health Visitor as Superintendent Nursing Officer and Deputy Superintendent Nursing Officer respectively, to co-ordinate the midwifery, health visiting and home nursing services. This seems to be all the more desirable in view of the Authority's proposals to delegate to a large extent to the Queen's Institute of District Nursing not only as heretofore, the running of the domiciliary midwifery service but also the running of the new home nursing service after the Appointed Day.

4. NO JOINT ARRANGEMENT WITH ANY OTHER LOCAL HEALTH AUTHORITY.

Arrangements for the Supervision of Midwives.—See Paragraph 3 above. This arrangement, plus a continuance of the *existing* appointment of a *medical* supervisor should suffice at the moment, but consideration of the appointment of a non-medical supervisor of midwives will be given, as and when required.

Transport.—The Authority's Municipal Ambulance Service will be available as it is now for the transport for midwives and their equipment to cases—see the Authority's proposals in reply to Circular 66/47. Car allowances will also be given to those midwives (both "voluntary" and municipal) who run their own cars.

Analgesia.—See Part I. The Authority will seek to continue the training of municipal domiciliary midwives in approved methods of analgesia, the training to be undertaken at City Lodge Hospital by arrangement with the Regional Hospital Board—see paragraph 4 under Part II of the proposals to carry out Section 22 in terms of Appendix A of Circular 118/47.

Development Plan.—It is considered that the service is already complete but additional midwives will be appointed for domiciliary service as and when required. The need for housing accommodation for midwives in certain areas of Cardiff is urgent. The housing authority concerned has been applied to repeatedly and urgently and has always replied that the need cannot be met from the general housing pool.

To keep them up-to-date, the Authority propose to continue their policy of sending midwives on post-graduate courses here and elsewhere.

HEALTH VISITING.

(SECTION 24).

PART I.

Statistical Data.—

1. Area in square miles of Local Health Authority's area 2=2.
2. Total mid-1946 population—224,450.
3. Number of births in 1946—5,061.

Existing Service.—The Welfare Authority in co-operation with the Local Education Authority employ altogether one Superintendent, one Deputy Superintendent and forty-four health nurses who undertake the duties of both authorities in the area. The services of ten of the nurses are required for work of a specialist nature, such as orthopaedic, child life protection, etc., and the remaining 34 are allocated to districts where they are responsible for the whole of the health visiting required both from the maternity and child welfare and the school health services. In addition they form the staff of the district clinics, visit schools and in this way are in a position to give advice to parents with regard to all activities of the Council affecting mothers and children of all ages. Overlapping of visiting is avoided and the nurse has a complete knowledge of the families in her district. Homes are visited within one month of the birth of a child and thereafter at intervals of three months for the first year and then at intervals of six months up to the time the child commences at school. During the year 1946, the nurses paid 14,821 visits to children under 1 year of age and 16,846 visits to children between the ages of 1 and 5 years. The whole of the health visiting in the area is carried out by health nurses employed by the Council.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. *General Arrangements.*—See Part I and see also Part II of Appendix B where the proposal is first mentioned to appoint Superintendent and Deputy Superintendent Nursing Officers to co-ordinate the work of health visitors, midwives and home nurses.
2. *Number of Health Visitors.*—The appointment of part-time health visitors is not proposed, but the Authority will be willing to consider this if necessary. The number of whole-time health visitors will be as in Part I, but will have to be augmented by reason of the additional duties placed upon the Authority under the New Act, and

also by reason of their own prior intention to "rationalise" their system of health visiting by making each health visitor as far as possible a multi-purpose health visitor. Full details will be given under Appendix E, but to carry out the proposals there mentioned will involve the appointment of four additional health visitors now and probably more from time to time, particularly as the follow-up service, which has already been started for certain types of ex-hospital patients, is developed in terms partly of paragraph 30 of Circular 118/47, partly of paragraph 44 of that Circular and partly in terms generally of Circular 100/47.

3. No arrangements with voluntary organisations.

4. No joint arrangements with other local health authorities.

Transport.—Consideration will be given to the provision of car allowances for all health visitors who provide themselves with cars. At present this is only done for the Superintendent and Deputy Superintendent Health Visitors.

Development Plan.—See Paragraph 2. The Authority will send health visitors on post-graduate courses here and elsewhere. They will consider negotiating with the medical school for the appointment of a Health Visitor Tutor who should have time to spare from the training of pupil health visitors for post-graduate teaching.

HOME NURSING

(SECTION 25).

PART I.

1. Area in square miles of Local Health Authority's area, 22.
2. Total mid-1946 population, 224,450.

PART II.

DESCRIPTION OF SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

GENERAL ADMINISTRATIVE ARRANGEMENTS.

1. No nurses will be employed directly by the local health authority who have negotiated with the Cardiff Branch of the Queen's Institute of District Nursing, 12 St. Andrews' Crescent, Cardiff, to undertake as far as practicable a complete day and night home nursing service (under the general supervision of the Medical Officer of Health). It is proposed that the Queen's Institute shall act as sole agents of the local health authority on the terms indicated below.

This voluntary association has had a long and intimate knowledge of the nursing requirements of the City, and, in the opinion of the local health authority will be able to provide adequate service. They have for many years acted as agents for the local authority in the execution of different aspects of that authority's responsibility—sick, poor, pneumonia, maternity and child welfare, and school children. During the year 1946, the number of visits paid for all these purposes and the grant received with totals are set out as follows:—

				<i>Visits.</i>		<i>Annual Grant.</i>
						£
Home Nursing for:						
Maternity and Child Welfare Cases	∴	4,249	...	150		
Pneumonia	...	452	...	50		
Sick Poor	...	8,015	...	400		
School Children	...	797	...	100		
				<hr/>		<hr/>
				13,513	...	£700
				<hr/>		<hr/>

These figures should be compared with the total number of visits made by nurses of the Queen's Institute during the year 1946, of seventy-two thousand and with their total expenditure during that year of £7,302 13s. 7d.

The district nursing service is under the administrative supervision of a Queen's Nurse who is designated Superintendent who will work in close co-operation with the Superintendent Nursing Officer of the local health authority. (See proposals made under Circular 118/47 Appendix B, Part II, paragraph 3). This officer will be responsible for co-ordinating the midwifery, health visiting, home nursing, school nursing and domestic help services. The already existing representation of the local health authority on the Management Committee of the Cardiff Branch of the Queen's Institute will be increased and the Institute have undertaken to set up a Finance Committee on which the local health authority will have a preponderant representation. The Institute have also undertaken that in return for the local health authority meeting all deficit of the service, they will submit estimates of all expenditure for the prior approval of the Authority's Finance Committee in the same way as do the various departments of the Corporation. The Institute will deal with applications for assistance from general practitioners, midwives, health visitors and patients. The local health authority will consult with the Institute and consider to what extent the use of accommodation, equipment and other facilities, including telephones, will be made available at local health authority health centres. The standard of service required to be given by the Queen's Institute will be such as the local health authority shall require. The Authority have also agreed that the work of the Cardiff Branch may continue to be subject to inspection as in the past by officers sent from the central administration of the Queen's Institute of District Nursing.

Items of equipment required for home nursing in certain cases, which are referred to as "articles" in Circular 118/47, paragraph 47, have been obtained when required in the past from the Priory for Wales of the Order of St. John. The Authority have negotiated with the Priory for the continuation of these arrangements (see the Authority's proposals in reply to Circular 118/47, Appendix E, Part I, paragraph D). The Queen's Institute are agreeable to these arrangements.

The service at present provided by the Cardiff Branch of the Queen's Institute has vacancies for 11 district nurses. The Authority and the Institute together will do their best to fill these vacancies and will also consider to what extent the service may be improved by the employment, if available, of district male nurses. If necessary, the authority will use their powers under Section 28 to arrange with the Queen's Institute for the provision of the domestic nursing help service at present organised by the Priory for Wales of the Order of St. John. This may help the Queen's Institute of District Nursing Service, particularly in view of the 11 vacancies for district nurses mentioned above. The agency agreement, subject to review after nine months in the light of experience, will provide (*inter alia*) for the payment of an annual contribution to the Association, who will be responsible for keeping such records and accounts as may be required by the local health authority; and for the inspection of the service and any premises and records used for the service by the authorised officers of the local health authority.

Joint Arrangements with Other Authorities.—None.

Transport.—Subject to other municipal requirements, the Council's transport service will be available if necessary to supplement the Association's transport arrangements. Consideration will be given to the provision by the Authority of a car allowance in accordance with the Authority's scale of car allowances to every district nurse who has her own car and uses it on her work.

PART III.

Development Plan.—The future development of the home nursing service will largely depend on the results of experience gained in the early stages of collaboration with the Cardiff Branch of the Queen's Institute of District Nursing.

VACCINATION AND IMMUNISATION

(SECTION 26).

PART I.

Statistical Data.

1. Total mid-1946 population of the Authority's area, 224,450.
2. Mid-1946 child population of the Authority's area:
(a) Under 5 years, 17,740; (b) Ages 5—15, 31,760.
3. Number of registered live births in the Authority's area in:
(a) 1945, 4,069; (b) 1946, 4,997.
4. Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946:
(a) Under 5 years, 77.7 per cent.; (b) Ages 5—15, 85.3 per cent.
5. Estimate of the number of vaccinations against small-pox and immunisations against diphtheria of children, 0—15 years which are likely to be undertaken in the year to 31st March, 1949:

Vaccinations against small-pox, 30,000; Immunisations against diphtheria, 10,000 (including Schick test of school children and immunisation where necessary).

PART II.

DIPHTHERIA IMMUNISATION.

A. CHILDREN UNDER FIVE.

(a) *The Authority's general plan to secure that as many infants and young children as possible receive immunisation, with particular reference to infants under the age of twelve months both through organised sessional arrangements and through practitioners performing individual immunisation.*

- (i) Immunisation card made out at birth for each child extracted from District Registrars' Returns of Births. Filed alphabetically according to name, and each monthly group kept together for follow-up purposes.
- (ii) At nine months, cards taken out and names given to the Health Visitor for the district. Each case to be visited personally by the Health Visitor, who indicates whether or not the parent consents to immunisation. Parent asked to bring child to an organised session for immunisation or to get their practitioner to immunise the child.
- (iii) If parents fail to attend at a session or do not get their practitioner to immunise the child, a personal visit will be paid by the Epidemic Officer of the Public Health Department.
- (iv) Persistent non-attenders at sessions and those who fail to have their children immunised will be visited by a mobile immunisation van. This has proven to be very effective for these cases.

(b) *The Council will plan the sessional arrangements at such clinics or other centres as will make these facilities as readily accessible as possible to persons living in any part of its area, and will ensure that sessions are held with sufficient frequency and at such hours as will meet local requirements without delay or difficulty for those wishing to take advantage of them.*

(c) *Organised measures to be taken for the encouragement of immunisation through Health Visitors, Midwives, Teachers, etc.*

(i) *Health Visitors*.—Results of immunisation frequently brought to their notice, especially local results.

Cases of diphtheria in each district brought to the notice of the Health Visitor for that district.

Statistics brought to the notice of health visitors showing the percentage of children in their district immunised, compared with their colleagues' districts.

Stress laid on the importance of immunisation at health visitors' meetings. Any tendency to relaxation of effort brought to their notice at once.

(ii) *Midwives*.—Municipal Midwives instructed to bring immunisation to the notice of mothers before they leave their care.

(iii) *Teachers* are encouraged to advocate immunisation and assist the Medical Officers of Health in immunisation in schools. This is done with the co-operation of the Director of Education.

(iv) *Sanitary Inspectors*.—Requested to stress immunisation when visiting homes.

(v) The Epidemic Officer keeps in close contact with all the above-mentioned officers and co-ordinates the effort to secure immunisation.

(d) *The steps to be taken to keep the facilities for immunisation before the public and to make known the places and times of sessions.*

(i) Advertisement in local press setting out times and places at which immunisation will be done.

(ii) Public Relations Officer of the Department to state local arrangements at all meetings he arranges and on visits to factories, etc.

(iii) By means of posters in various parts of the City.

(e) *The means to be adopted for maintaining local propaganda and use to be made of national publicity material made available by the Department.*

(i) A Public Relations Officer is employed by the Public Health Department for propaganda purposes. One of his duties is to ensure that local propaganda on immunisation is continually brought to public attention through:

Posters;

Meetings;

Display of films to audiences: the films being provided through the Central Office of Information.

(ii) Full use made of national publicity material.

B. CHILDREN OF SCHOOL AGE.

The proposals deal with the same points as under A, with the following addition:—

The arrangements to be made for giving re-inforcing injections to children primarily immunised in infancy.

(a) School entrants are given a form advising immunisation which also acts as a consent form.

(b) Sessional immunisation to be carried out on school premises rather than special school sessions at clinics. Each school is visited on a rota. Schick tests are carried out at each school at 3-yearly intervals.

(c) The same arrangements as in A (c) above.

(d) Notices to parents when it is proposed to visit the school for immunisation purposes and generally as under A (d) above.

(e) The same as A (e) above.

(f) The policy of the authority has been to carry out a Schick test on all school children whose parents consent whether or not they have previously been immunised. In the case of positive reactors a further full treatment by prophylactic is given. It is proposed to continue in this policy unless otherwise directed by the Ministry.

C. RECORDS AND PAYMENT OF FEES.

Proposal to provide that all medical officers or general practitioners performing immunisation will be required to furnish particulars for record purposes in such standard form as the Department may request the Local Health Authorities to use; and that the authority will arrange to keep records in such a manner as will enable them to furnish returns to the Department as they require.

The Council will require medical officers and general practitioners taking part in its arrangements to furnish particulars for record purposes in such standard form as may be recommended by the Ministry. On the basis of receiving such particulars the Council will pay fees to general practitioners on such scales, according to circumstances, as are agreed upon between the Ministry and the profession.

D. MEDICAL ARRANGEMENTS.

The Council will give an opportunity to every practitioner providing general services in their area under Part IV of the Act to provide services also under their arrangements for diphtheria immunisation. This opportunity will also be given to general practitioners who do not intend to provide services under Part IV.

The Council will make all necessary use of the services of its own Medical Officers in administering its arrangements and in the carrying out of immunisation at Clinics or other centres.

SMALLPOX.

A. INFANT VACCINATION.

(a) As under the similar heading for Diphtheria, vaccination cards will be made out at birth. Health Visitors will follow-up each child, in this case three months of age to ascertain whether or not the parent will have the child vaccinated. The Council will make arrangements for the performance of infant vaccination in individual cases by general practitioners taking part in the Council's scheme. It will also make arrangements, if necessary, for special sessions for infant vaccination to be held at child welfare clinics or other centres. Sessional arrangements will be made in the light of local needs and circumstances.

(b) Organised measures similar to those for diphtheria immunisation will be undertaken.

(c) The necessity of vaccination in infancy will be stressed in the same way as for diphtheria.

(d) The Council will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will have regard in this respect to such advice as may be given by the Minister.

B. RECORDS AND PAYMENTS OF FEES.

Record cards will be employed and such fees paid to general practitioners as may be laid down by the Minister.

C. ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

The arrangements to be put into operation to meet a large emergency demand for public vaccination (or re-vaccination) in the event of an outbreak of smallpox in the authority's area.

Vaccination stations would be set up at Public Health Clinics throughout the area or alternative premises would be secured for this purpose.

The Medical staff of the Authority together with any practitioners who volunteered would carry out the vaccinations. The public would be informed through the press of the facilities made available by these means.

D. MEDICAL ARRANGEMENTS.

The same arrangements will apply as referred to under the heading of medical arrangements regarding Diphtheria Immunisation.

WHOOPING COUGH.

The Authority will provide such facilities for immunisation against whooping cough as may from time to time be recommended by the Medical Officer of Health, who will be responsible for deciding the Antigen or antigens to be used for the purpose of the arrangements made, and will keep records to enable him to assess the value of the procedure in the prevention of whooping cough.

AMBULANCE SERVICES.

(SECTION 27).

The proposals for carrying out the above duties are set out in accordance with the suggestions made in Appendix B to Circular 66/47 (Wales), dated 9th April, 1947, and subject to amendment when a scheme for co-ordination with the fire Brigade can be explored in accordance with Circular 109/47 (Wales), dated 16th June, 1947.

PART I.

1. Total mid-1946 population, 224,450.
2. Area, 22 square miles.
3. Particulars of *existing ambulance services*.
 - (i) The Cardiff Municipal Ambulance Service.
 - (ii) The Order of St. John Ambulance Service.
 - (iii) The Cardiff Royal Infirmary Ambulances.
 - (iv) Prince of Wales Orthopaedic Hospital Ambulance.
 - (v) Great Western Railway Docks Ambulance.
 - (vi) Guest, Keen & Baldwins Ltd., Works Ambulance.
 - (vii) Guest, Keen & Nettlefold Ltd., Works Ambulance.
 - (viii) Edward Curran & Co. Works Ambulance.
 - (ix) The Royal Ordnance Factory Ambulance.
 - (x) Ministry of Pensions Ambulance.

The particulars required for these separate services are as follows:—

I—CARDIFF MUNICIPAL AMBULANCE SERVICE.

(a) *District served*.—Cardiff County Borough and for E.M.S. cases up to a radius of approximately 75 miles.

(b) *Number, type and carrying capacity of existing ambulances.*—There are nine ambulances. They are all war-time conversions and unfit for use as permanent peace-time ambulances because of their unsatisfactory springing and chassis construction. They require immediate replacement. They consist of:—

- One Ford 30 H.P. 1935.
- One Ford 30 H.P. 1936.
- One Ford 22 H.P. 1935.
- Two Humbers 33 H.P. 1934.
- One Hillman 21 H.P. 1934.
- One Ford 30 H.P. 1937.
- One Rolls Royce 20.4 H.P. 1937.
- One Austin 20 H.P. 1930 (now out of commission).

The carrying capacity of all is similar, viz.: One stretcher case and three sitting cases or four sitting cases if no stretcher is carried.

(c) *Number, type and carrying capacity of existing sitting-case cars.*—No sitting-case cars provided.

(d) *Number, type and carrying capacity of other vehicles (if any).*—None provided.

(e) *Ambulance Station.*—One Ambulance Station centrally situated at Maindy Park. Inadequate for the staff and provides no reasonable facilities for servicing. Ambulances are not parked under complete cover, but are under a lean-to shelter.

(f) *Arrangements for Servicing and Maintenance.*—Major repairs are undertaken by the Public Works Department of the Cardiff City Council. A large amount of the work is passed on by them to private firms. The ambulance service does not get a first priority for major repairs. Minor repairs and servicing done by ambulance staff.

(g) *Staff.*—1 Depot Superintendent; 1 Telephonist; 2 Maintenance Assistants; 15 Male Driver/Attendants; 3 Female Driver/Attendants. All of the staff are whole-time. No part-time or voluntary staff.

(h) *Number of Calls in the latest convenient period: April, 1946, to March, 1947 (inclusive).* 6,240 calls, or an average of 120 calls per week. All done by ambulances.

(i) *Total mileage run in same period.*—68,472 miles with an average of 1,316 miles per week.

II—ST. JOHN AMBULANCE SERVICE.

(a) Cardiff and surrounding areas.

(b) There are four ambulances. These are excellent ambulances which were built on chassis to a specification prior to 1939:

Two Buick Limousine type ambulance 1935 and 1936.

Two Humber Limousine type ambulance 1935 and 1924.

They provide for one stretcher and two sitting cases or if no attendant is required three sitting cases.

(c) No sitting case cars.

(d) None.

(e) *Ambulance Stations.*—Operational and Maintenance Station, Kings Road.—Number of vehicles which can be accommodated is eight.

The building is adequate and provides good accommodation for the ambulances but is not capable of expansion. It is not well situated for emergency street accidents, not being near enough to the centre of the city, while it is not well placed for a speedy arrival to the East of Cardiff having to pass through the more congested parts of the city.

(f) Regular periodical inspection of ambulances. Periodical withdrawal from service for overhaul with temporary replacement as necessary from reserve pool of ambulances.

g) *Staff*.—

Transport Engineer	} Covering operation of 22 additional single stations in Carmarthenshire, Glamorganshire and Monmouthshire.
Assistant Engineer	...	...
Transport Secretary	...	...
Office and Telephone Staff (Two)	...	...
Head Mechanic	...	...
Two Mechanics (Emergency Drivers)	} For Cardiff.
Four Drivers			
Four Attendants			

(h) Number of calls from Cardiff City over last twelve months, 3,364.

(i) Total mileage on these calls, 43,961 miles.

Note.—The St. John Ambulance do a larger proportion of long distance calls and they are at present not operating a night service in Cardiff. All street accidents are dealt with by the Municipal Ambulance Service.

III—THE CARDIFF ROYAL INFIRMARY.

This hospital provides two ambulances exclusively for the transference between the Cardiff Royal Infirmary and the Convalescent Home situated some four miles from the hospital at St. Mellons to the east of Cardiff.

(a) *District served*.—(Mentioned above).

(b) *Number, type and carrying capacity*.—One Vauxhall 24.9 H.P. 1939. One Ford 30 H.P. 1940. Both are satisfactory ambulances. Carrying capacity:—(1) Vauxhall, two stretcher or eight sitting cases. (2) Ford, four stretcher or ten sitting cases.

(c) No sitting case cars.

(d) None.

(e) Garaged at Convalescent Home, St. Mellons, Monmouthshire.

(f) *Maintenance*.—Service and running repairs by ambulance driver—special repairs by contract.

(g) *Staff*.—One whole-time driver, plus call on lorry driver for relief.

(h) Number of calls not specified.

(i) Approximate details of the mileage for past twelve months:—Usually the Vauxhall is in use as the Ford is not suitable for post-operative cases. Vauxhall, 2,500 miles; Ford, 700 miles.

IV—PRINCE OF WALES ORTHOPAEDIC HOSPITAL.

Ambulance used to transfer patient from Prince of Wales Hospital, Cardiff, to Crossways Hospital, Cowbridge, some thirteen miles distant,

(a) As above.

(b) One Ambulance—Bean 1930 14 H.P. An old ambulance, carrying capacity, two stretcher cases, two sitting cases.

(c) None.

(d) None.

(e) Stationed at Crossways Hospital, Cowbridge.

(f) *Maintenance*.—Superficial maintenance by own staff. Major repairs by Romilly Motors, Cardiff.

(g) *Staff*.—Driven by a member of the hospital staff who has other duties.

(h) Number of calls, three per week.

(i) Total mileage approximately 5,000 a year.

V—GREAT WESTERN RAILWAY.

The Great Western Railway contemplate withdrawing their ambulance from service. It would not be a satisfactory vehicle for an ambulance service. In view of this they did not consider it necessary to supply details.

VI—GUEST, KEEN & BALDWIN LTD., WORKS AMBULANCE.

This ambulance is used exclusively for the steelworks. They propose to retain an ambulance for this purpose as part of their workmen's welfare scheme. Details as follows:—

(a) District served—as above.

(b) One ambulance—Austin 26.9 H.P. 1944. Capacity, four stretcher cases or four sitting cases.

(c) No sitting case cars.

(d) None.

(e) Stationed at East Moors Steel Works, Cardiff.

(f) Maintenance by own fitters.

(g) *Staff*.—No regular driver but one made available.

(h) Average calls per year, 730.

(i) Average mileage per year, 4,416.

VII—GUEST, KEEN & NETTLEFOLDS, LTD.

This steelworks provides its own ambulance for accident or sickness at work. As they propose to continue to use their ambulance in this capacity they do not submit details apart from the fact that it did 350 journeys in the past twelve months.

VIII—EDWARD CURRAN, LTD., HURMAN STREET, CARDIFF.

This factory has an ambulance but they do not propose to continue to use it. They are requesting the Municipal Ambulance Service to do their work. The ambulance is not serviceable. They now average about one call per month.

IX—ROYAL ORDNANCE FACTORY.

Two ambulances both used exclusively for this factory.

(a) District served—as above.

(b) Two ambulances—both Austin 1940, 27 H.P. Carrying capacity, four stretcher cases or ten sitting cases.

(c) No sitting case cars.

(d) None.

(e) Stationed at Royal Ordnance Factory, Llanishen, Cardiff.

(f) *Maintenance*.—Servicing and maintenance are carried out by the factory's Engineering Department.

(g) *Staff*.—None. Part-time drivers are used.

(h) Approximately two daily. 730 per year.

(i) Average mileage 1,200 for each of the two ambulances.

X—MINISTRY OF PENSIONS AMBULANCE.

No details available.

PART II.

1. SERVICE WHICH WILL OPERATE FROM THE APPOINTED DAY.

(a) *Co-ordination of Existing Services*.—The Local Health Authority propose to operate directly their existing ambulance service, details of which have been given. For the excess of the calls to which they are unable to give direct service, agency arrangements will be made with the Order of St. John. The Works Ambulances mentioned in Part I, paragraph 3 (VI) (VII) and that of the Royal Ordnance Factory (IX) will continue to operate, and as the hospital ambulances mentioned in Part I, paragraph 3 (III) and (IV) are exclusively for transfers between separate parts of the same hospital, they should continue after the appointed day. The Ministry of Pensions will also wish to have their own ambulance for its special purpose in dealing with patients who are subject to treatment by that Ministry.

Transfer of Mental Cases.—The Council's ambulances will be available for mental cases as and when required by the mental hospitals in the area, and also where necessary, trained staff to deal with the particular cases which require expert attendance.

Infectious Disease Cases.—No special ambulances will be earmarked for infection, disease, but the staff of the ambulance service have been trained in handling these cases and ambulances will be cleansed following the use of the vehicle for an infectious case. In the event of smallpox or typhus fever arising in the area, a special ambulance and team of drivers and attendants would be earmarked to operate from an infectious diseases hospital, and the staff and vehicles would be kept apart from the other ambulances. When other transport is not available, the vehicles provided under these proposals may be used for the conveyance of midwives, subject to appropriate adjustments in the Authority's accounts.

(b) *Re-distribution and Augmentation of Existing Services*.—No vehicles are available for re-distribution or augmentation.

(c) *Consultation with other Local Health Authorities in regard to Joint Arrangements.*

Consultations have taken place with the Glamorgan and Monmouthshire County Councils regarding mutual aid in emergencies and also joint arrangements for the regular servicing of particular areas.

(d) *Staff.*—(i) These particulars are given under Part 1, paragraph 3 (II) (g).

(ii) The same as under (g) of paragraph 3 (I) of Part I.

The Council will make arrangements for securing that, as far as possible (1) all ambulance drivers and attendants shall hold the first-aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualifications as may be approved or prescribed by the Minister of Health. (2) All such drivers and attendants shall be so trained as to be interchangeable in their duties.

(e) *Maintenance and Servicing.*—The present arrangements for maintenance and servicing, as shown in Part I of the proposals, will be continued.

(f) *Conveyance of Patients by Railway.*—Where a person for whose conveyance the Local Health Authority have a duty under Section 27 has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

(g) *Call-out Arrangements.*—The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County Borough informed of the action to be taken to call an ambulance. Discussions will be undertaken with the local Telephone Manager with a view to working out details of telephone communications with particular reference to emergency calls.

2. DEVELOPMENT PLAN.

(1) It is estimated that, in order to provide adequately for the conveyance where necessary, at any time of the day or night, of persons suffering from illness (as defined in Section 79 (1) of the National Health Service Act, 1946) or mental defectiveness or expectant or nursing mothers from places in the County Borough to places in or outside the County Borough, and to meet the Council's obligations to neighbouring Local Health Authorities under arrangements for joint user or for mutual assistance in emergency, the service will need to comprise a total of 13 to 16 ambulances, 2 to 4 sitting case cars, and 26 to 30 full-time drivers and attendants. The Council intend to develop the service up to the minima mentioned as rapidly as circumstances permit. The requirements of the ambulance service will be kept under constant review and such increases as experience shows to be required will be made from time to time up to the maxima mentioned above in the number of ambulances, sitting case cars and staff.

(2) In the near future it is proposed to build an adequate ambulance depot to house 12 ambulances and 3 sitting case cars together with adequate accommodation for staff and day-to-day servicing of the vehicles. This is urgently required considering the existing facilities. It is hoped to commence the erection of such a depot within the year 1948-1949.

(3) The replacement of at least 4 of our existing ambulances is urgent within the same period 1948-1949, also 2 sitting case cars.

(4) Further development would envisage the purchase of 4 new ambulances in 1949-1950 to replace existing ambulances.

(5) A further 4 ambulances to complete our requirements should be provided in 1950-1951.

(6) The Council propose to consider the question of co-ordination of Fire and Ambulance Services and steps will be taken to modify these proposals to give effect to any decision arrived at in this matter.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(SECTION 28).

PART I.

(A) *Tuberculosis*.—The Authority will continue the work organised under their pre-existing Tuberculosis Care Committee, work which will now be transferred to their new Prevention of Illness, Care and After-Care Committee set up under the National Health Service Act, 1946. The arrangements will be under the general supervision of the Medical Officer of Health.

Subject to the approval of the Minister, the Authority will, should the need arise, provide and maintain workshops, settlements, hostels and night sanatoria, or any of them or will make joint arrangements with other Local Health Authorities or voluntary bodies for this purpose.

The Authority, either directly or through the Care Committee, will render advice and help to tuberculosis patients and ex-patients and the services provided may include, amongst other things, the following:—

- (a) Provision of food for the patient or his family.
- (b) Provision of boots and clothing, and where necessary for the isolation of the patient, beds and bedding.
- (c) Provision of outdoor shelters.
- (d) Recommendations in regard to housing.
- (e) Provision of Home Helps where it is essential for the mother of the family to accept institutional treatment and where other arrangements cannot be made, or for any other reason.
- (f) Arrangements for the temporary care of children when the mother is the person affected and has to go to an institution.
- (g) Recommendations in the case of school children for the provision of school meals and attendance at an open-air school or the Nursery School.
- (h) Assistance in finding suitable employment and the provision of tools to enable a patient to follow such employment.

The officers of the Authority will maintain close co-operation with the Disablement Rehabilitation Officers and other officers of the Ministry of Labour and National Service.

The Authority will seek to make arrangements with the Regional Hospital Board for the joint appointment of appropriate medical officers who will be employed partly in connection with the Board's services in relation to the diagnosis and treatment of tuberculosis, and partly in connection with the Authority's services in relation to the prevention of tuberculosis, and the care and after-care of persons suffering from tuberculosis. The authority will seek the co-operation of the Regional Hospital Board with a view to ensuring that tuberculosis visitors and other social workers visiting tuberculous persons in their homes will be given an opportunity of spending part of their time in the tuberculosis dispensaries working with medical specialists.

(B) *Mental Illness or Defectiveness*.—The arrangements for the community care of persons suffering from mental illness or defectiveness will be described in the reply to Circular 100/47.

(C) *Other Types of Illness Generally*.—The Authority has an establishment of two social welfare workers (certified Almoners) to help them execute their responsibilities for the care of the unmarried mother and her child. (See Appendix A, Part II, paragraph 7). The senior of these is also engaged in the community care of the female venereal disease patient and attends at the female V.D. Clinic. Arrangements should be made with the Regional Hospital Board and/or other appropriate authority for her attendance at the female V.D. Clinic to continue. So far as the Authority may be concerned in any other arrangements with the Regional Hospital Board, for the follow-up of persons under treatment for venereal diseases or of persons known or believed to be suffering from venereal disease, such arrangements will be carried out in co-operation with the medical officers of the venereal disease treatment clinics.

In the light of circumstances and experience the Authority will, as considered desirable, develop arrangements for affording all necessary care and after-care to persons discharged from hospitals or other invalids, and it will adopt whatever ways and means may be found possible to obtain systematically the requisite information about such persons. The arrangements in this respect will be such, however, as will not fall within the scope of the hospital and specialist services or of the Authority's duties under Part III of the National Assistance Bill. The Authority already employs one health visitor specialising in the care of ex-municipal hospital diabetic and gastric cases. Before they are discharged she visits the hospital to learn the instructions of the physicians and surgeons as to the regimen that should be followed by them after their discharge. In the homes of diabetic patients she sees that they follow as far as practicable the diet prescribed for them, instructs them in the use of syringes for insulin injections and as to how to test their urine as well as in any other relevant matters. She has also started a syringe service—pool of syringes, sharpening of needles, etc. She takes similar and appropriate action in regard to gastric cases and infants discharged from the municipal hospitals. The service is becoming known and general practitioners are beginning to use it independently of the hospital authorities. It is intended to extend the service to other diseases. To cope with the expansion it is proposed in the first instance to employ two more health visitors, one to act with the one who visits the hospitals, and the other to help the general body of health visitors take on the extra burden of this work. As far as practicable it will be carried out by the district health nurses along with their other duties (e.g., school nursing, mental health, tuberculosis and infant life protection), but they will be trained in it, their work in it will be co-ordinated, and, in it they will have liaison with the hospitals through their two colleagues (the one already doing the work and the other to be appointed) who will specialise in this aspect of the prevention of illness, care and after-care. The work already done by the one health visitor for diabetics has been highly praised by the hospital authorities who say it has prevented many "return" cases of diabetic coma. As and when this hospital follow-up work requires it, more health visitors will have to be appointed.

The Local Health Authority may arrange with the District Nursing Association for the provision of a domestic nursing help service to work in co-operation with and supplementation of the district nurses in the manner described in the proposals under Section 25 of the Act.

As to health education (Circular 118/47) (paragraph 37), it is proposed to continue the appointment of a public relations officer who under the direction of the Medical Officer of Health, organises film shows, talks at clinics, display of posters in buses and elsewhere, distribution of pamphlets, popular lectures and health talks including routine sex and health education lectures to school children, health exhibitions, and post-graduate courses, e.g., by the Central Council for Health Education to health visitors, midwives, school teachers, sanitary inspectors and food handlers. The more spectacular side of his work is followed up by the health advice given on routine domiciliary visits by the district health nurses.

"Prevention of illness" will also be accomplished by a continuance of the employment of the Authority's epidemic officer, who, under the direction of the Medical Officer of Health, follows up all notifications of infectious disease including food poisoning. He also specialises in diphtheria immunisation organisation and propaganda (there were no deaths from diphtheria in Cardiff in 1946), and in 1948, will take over similar work for smallpox vaccination. It is proposed to place under this officer the detailed organisation of an enquiry into high incidence of infantile gastro-enteritis, the scheme to include voluntary notification by medical practitioners with follow-up by health nurses.

A further aspect of the Authority's efforts to prevent illness will be provided by a continuance of the work of their twenty sanitary inspectors for environmental hygiene.

(D) *Provision of Nursing Equipment and Apparatus.*—The provision of maternity outfits at the Authority's clinics has already been described (Appendix A, Part II, paragraph 5). This will be done directly by the Authority. Other equipment and apparatus required by patients who are being confined or nursed at home will be provided by the Priory for Wales of the Order of St. John, at their main depot at 4 Cathedral Road, as well as at their sub-depot at Bridgend Street Methodist Mission, on such terms as may be agreed between the Authority and the Order from time to time, subject to the approval of the Minister. The Authority will also maintain a stock of the smaller "articles" at its six main clinics, situated in various parts of the City, in case some persons should consider the "St. John's" Depot inconveniently distant from their homes. Included in the list of "articles" provided by the Authority will be syringes, needles and insulin for the use of diabetic patients. The Authority will, if necessary, themselves supplement the services so provided.

DOMESTIC HELP.

(SECTION 29).

PART I.

Statistical Data.—(1) Area in square miles of Local Health Authority's area, 22;
(2) Mid-1946 population, 224,450.

Existing Service.—The provision of domestic assistance in the home for women at the time of their confinement has been in operation in the City since 1921. At present 16 full-time Home Helps and 4 part-time helps are employed by the Council. The service is under the supervision of the Superintendent Health Nurse who is responsible for the recruitment of competent and suitable Home Helps and for the supervision of their work. Applications for the services of the Home Helps are made through the

district clinics or to the Municipal Midwives and applicants are required to submit financial particulars of family income in order that they be assessed in accordance with a scale of charges adopted by the Council. The home of each applicant is visited in advance by the health nurse in order that the needs of the applicant for the service may be judged, and the applications are genuine, and that the use of this service is applied to the utmost benefit and where most required. Home Helps receive a wage of £3 per week on appointment rising to £3 10s. 0d. per week after five years service. The services of a Home Help are granted for a period of two weeks except in exceptional cases when a medical certificate has to be produced stating that an extended period is essential owing to the physical condition of the mother. The following scale for the assessment of charges is in operation:—

In computing the gross income the following are included:—

- (1) The total income from all sources including sons and daughters residing in the household.
- (2) Contributions to family income from sons and daughters not residing in the household.
- (3) Disability pensions to the extent that they exceed £1 per week. National Health Insurance Benefit in excess of 10/6d. per week and Friendly Society Benefit in excess of 5/- per week.
- (4) Profit and rent from Lodgers who pay board and lodging to be one-sixth of the amount received.

In computing the net income the following allowances to be made.

- (1) Maintenance allowance of £1 per week for each member of the family over fourteen years of age and 15/- per week for those under fourteen years of age.
- (2) Rent and rates less sum received for sub-letting.
- (3) Hire purchase payments for necessary furniture, etc.; insurance premiums and sick club payments.
- (4) Special liabilities, e.g., maintenance of dependent relatives living separately.
- (5) Special grants made to servicemen's families.
- (6) Old age pensions to be omitted.
- (7) Other weekly expenses at discretion.
- (8) Maternity Benefit.

After reducing net income from gross income the balance is regarded as available toward the cost of the service provided but must not exceed the cost of such service. This system of charges will be adjusted as required when the expected recommendations of the Association of Municipal Corporations are received.

PART II.

DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

General Administrative Arrangements.—(1)—It is proposed to increase the existing establishment of home helps from 20 whole-time and 6 part-time to 30 whole-time and 12 part-time, recruitment and organisation and control to be undertaken by a full-time organiser for whom transport will be provided either through the Authority's Ambulance Service, or by a car allowance for the use of her own car.

She will be responsible for her work to the Medical Officer of Health through the Superintendent Nursing Officer (see proposals under Appendices B, Part II and D Part II).

(2) Not appropriate.

(3) No joint arrangements with any other Local Health Authority.

PART III.

Development Plan.—Additional home helps will have to be taken on as and when required and as available. Only experience can show the total number that will finally be required.

DUTIES UNDER LUNACY AND MENTAL TREATMENT ACTS AND MENTAL DEFICIENCY ACTS.

(SECTION 51).

PART I—STATISTICAL DATA.

Estimated Population of the Area, 224,450.—(a) Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts:—25th September, 1947: (i) Mental Hospitals, 598; (ii) Ely Lodge, 230; Total, 828. (b) Number of patients dealt with under these Acts by the Relieving Officers in Cardiff during 1946:—(i) Admitted for observation, 280; (ii) Inmates of City Lodge, but not admitted for observation, seen by Psychiatrist (not included in (i)), 156; (iii) All other rate-aided cases dealt with under these Acts and for whom the Relieving Officer is responsible for making out Case Papers, etc. (not included in (i) and (ii)), 179; Total, 615. (c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts on the 1st January, 1947—837; (d) Number of persons reported to the Local Authority as mentally defective in 1946—38.

PART II—PROPOSALS.

(a) GENERAL.

1. The Authority do not consider it necessary or advisable to set up a mental health sub-committee. They have assumed that one of the objects of this Act was to blend the care of mental health with physical health. To set up an "ad hoc" mental health sub-committee would appear to them to defeat that very object. The Authority are very conscious also of the need to economise the valuable time of their members in attending committees by avoiding the setting up of any that seem to the Authority not to be essential for the purposes of good government. They have already taken advantage of the opportunity provided by the Act for a review of their committee arrangements and as a result have succeeded in reducing considerably the number of their committees and sub-committees concerned with health questions. They are fully satisfied that they can exercise adequate control of the organisation and maintenance of an efficient service for the community care of mental health through the Health Committee's Sub-Committee which they have set up for the prevention of illness, care and after-care. Three out of its nine members are also members of the Authority's Mental Deficiency Committee which will continue to be responsible for the care of mental defectives until the Appointed Day, leaving the new care and after-care Sub-Committee to plan the service that will come into operation after that date. One of the members of the Sub-Committee is Deputy Chairman of the Authority's Visiting Mental Hospital Committee which is responsible for the Authority's Mental Hospital (690 beds).

The organisation control and medical direction of the service will be the responsibility of the Medical Officer of Health who is also School Medical Officer and Medical Officer for mental deficiency. He will be assisted by his Deputy and a Senior Medical Officer who is already a certifying officer under the Mental Deficiency Acts, 1913-38, and the Education Act, 1944, and is already in charge of the Education Authority's Child Guidance Service under the School Medical Officer and the Director of Education. The Medical Superintendent of the Authority's Mental Hospital is also physician to the Authority's Municipal General Hospitals. It is assumed that when he is transferred

from the Authority's service under the new Act, his advice on mental health will still be as freely available to the Medical Officer of Health as it is now. He has already advised that the after-care of mental hospital patients should continue under the existing and adequate organisation for that purpose centred on the Authority's Mental Hospital.

(b) MEDICAL.

2. The Medical Officers in the service will all be employed part-time. Two of them (one a male mentioned above, the other a female) have the status of Senior Medical Officer in terms of the Askwith Memorandum. The others (four in all) have the status of Assistant Medical Officer of Health in terms of that memorandum. They are all already recognised as certifying officers under the Mental Deficiency Acts, 1913-38, and under the Education Act, 1944.

It is proposed to negotiate with the Regional Hospital Board for the use of the Whitchurch Mental Hospital's Medical Superintendent (Dr. T. J. Hennelly) two sessions a week and in emergency to deal with cases referred to him by the Authority's authorised officers.

(c) NON-MEDICAL.

3. *Full-time Staff—Mental Deficiency.*

- (i) Administrative Officer and Visiting Officer;
- (ii) Visiting Officer (Health Nurse);
- (iii) Female Clerk;
- (iv) Health Nurse;
- (v) Health Nurse.

The list includes three health visitors. One only of these will be whole-time. The other two, together with the Authority's other district health visitors or health nurses as they are called in Cardiff (total proposed, including these two, forty-seven), will undertake domiciliary advice concerning mental deficiency and perhaps also concerning minor manifestations of mental illness as a part of their routine district visiting on all health matters. It is estimated that the mental health work when spread over in this way will amount to the equivalent of two whole-time health visitors in addition to the work undertaken by the officers engaged whole-time in Mental Health.

4. *Full-time Staff—Lunacy and Mental Treatment.*

- (i) Authorised Officer;
- (ii) Authorised Officer.

The authorised officers will operate from 2 Neville Street, Cardiff, as at present, and it is assumed that these officers will continue to be allowed the services of nurses from the City Lodge in the removal of patients when necessary. This last arrangement should be negotiated with the Regional Hospital Board.

5. *Full-time Staff—Mental Deficiency: Occupation and Training Centres.*—One Centre, at Pengam Road, Cardiff.

- (i) Supervisor;
- (ii) Instructress;
- (iii) Instructor;
- (iv) Guide and Assistant;
- (v) Assistant Instructress;
- (vi) Cleaner (part-time).

Training of Mental Defectives.

(i) *At home.*—It is not proposed at this stage to provide Home Teachers as there is not a sufficient number of patients, who are unsuitable to attend the Centre, to warrant the appointment of such officers.

(ii) *At Occupation and Training Centres.*—The Centre at Pengam Road, which was designed to accommodate 100 children is adequate to meet our needs for some time to come and there is sufficient space around the Centre for building extensions should more accommodation be required.

The Centre is staffed by Council employees and it is not intended to delegate this work to Voluntary Organisations.

(d) AMBULANCE SERVICE.

6. The Authority's ambulance service as outlined in the proposals already submitted in the reply to Circular 66/47 will be available for mental health work and in certain cases the "sitting case car" will be used.

PORT HEALTH SERVICE

PORT HEALTH SERVICE

I. SHIPPING ENTERING THE PORT

The number and tonnage of vessels entering the port (which includes Penarth) inspected by officers of the Port Health Authority during 1948 are set out below:—

MINISTRY OF HEALTH TABLE A.

	Number	Tonnage	Number Inspected by		Number reported defective	Number of Vessels on which defects were remedied	Number of Vessels on which defects were found and reported to Ministry of Transport Surveyors	Number of Vessels reported as having or having had during the voyage infectious disease on board
			Medical Officer	Sanitary Inspector				
From Foreign {	475	862,471	50	406	115	95	3	1
	147	196,295	13	128	23	20	1	—
	—	—	—	—	—	—	—	—
	126	11,342	—	4	2	2	—	—
Total Foreign ...	748	1,070,108	63	538	140	117	4	1
Coastwise {	986	1,186,027	—	601	160	147	6	2
	435	197,904	—	209	26	22	—	—
	138	19,494	—	—	—	—	—	—
	252	28,544	—	153	2	2	—	—
Total Coastwise ...	1,811	1,431,969	—	963	188	171	6	2
Total Foreign and Coastwise ...	2,559	2,502,077	63	1,501	328	288	10	3

The following table shows the number of vessels entering the port which were dealt with by the department each month during 1948:—

Month	From Foreign	Coastwise	Total
January	42	180	222
February	47	134	181
March	52	189	241
April	61	151	212
May	65	168	233
June	54	161	215
July	82	151	233
August	81	132	213
September	71	146	217
October	78	150	228
November	58	118	176
December	57	131	188
Total	748	1,811	2,559

The nationalities of the several types of vessels entering the port which were dealt with by the department during 1948 are shown in the following table:—

Nationality	Steam	Motor	Sailing	Total
American (U.S.A.) ...	5	1	—	6
Argentine	1	—	—	1
Belgian	2	4	—	6
Brazilian	1	—	—	1
British	1,425	457	138	2,020
Costa Rican	—	1	—	1
Danish	24	5	—	29
Dutch	7	77	—	84
Finnish	6	—	—	6
French	32	2	—	34
Greek	31	1	—	32
German	4	—	—	4
Indian	1	—	—	1
Irish	14	2	—	16
Italian	5	—	—	5
Norwegian	54	9	—	63
Panamanian	19	—	—	19
Polish	—	1	—	1
Portuguese	1	1	—	2
Russian	5	1	—	6
Spanish	21	105	—	126
Swedish	73	20	—	93
Uruguayan	1	—	—	1
Yugo-Slav	2	—	—	2
Total	1,734	687	138	2,559

II—CHARACTER OF TRADE

Passenger Traffic.—The passenger traffic at the port is relatively small and casual and cannot be classified in the form prescribed by the Ministry of Health (Table B). The numbers of inward and outward passengers, all of whom travelled by cargo vessels, were 119 and 295 respectively.

Cargo Traffic.—The principal imports during the year were iron ore, timber, pitwood, fruit and provisions, brought from Spain, France, Italy, Norway, the Baltic Ports, United States of America, Argentina, Canada and North Africa.

III—WATER SUPPLY

The water supply for the port and shipping is derived entirely from the Cardiff Corporation supply by means of hydrants installed at convenient points.

During the year 101 samples of drinking water from ships were submitted to the Public Health Laboratory for bacteriological examination, the results being as follows:—

Satisfactory	...	...	...	80
Of moderate purity	...	...	...	—
Of doubtful purity	...	...	...	4
Contaminated	...	...	...	17
				<hr/>
				101

Also a sample of drinking water from a British vessel was submitted for chemical examination and was found to contain a large excess of free lime.

Notices were served on the masters of the vessels having contaminated water or water of doubtful purity on board, and in each instance the tanks were emptied, cleansed and refilled at this port.

IV—PORT HEALTH REGULATIONS, 1933 AND 1945

The arrangements made for the operation of the Port Health Regulations, 1933, were fully described in the Annual Report for 1933.

Cases of Infectious Disease landed from Vessels.—The following table shows the nature of 3 cases of notifiable infectious disease landed from vessels during the year:—

Ministry of Health Table C.

Disease	Number of cases during 1948		Number of Vessels concerned	Average Number of Cases for previous 5 years
	Passengers	Crew		
Erysipelas ...	—	1	1	0·4
Malaria ...	—	1	1	7·2
Tuberculosis ...	—	1	1	1·2

The cases referred to in the foregoing table were dealt with as follows:—

Disease	Admitted to City Isolation Hospital	Admitted to Hamadryad General and Seamen's Hospital
Erysipelas ...	—	1
Malaria ...	—	1
Tuberculosis ...	—	1

Other Cases of Infectious Disease.—Three cases of infectious disease, which were dealt with by the port health officers, were found to fall properly within the province of urban administration, and were referred to the districts to which they belonged, as follows:—

Disease	Cardiff	Barry	Total
Measles	1	—	1
Tuberculosis	2	—	2
Total	3	—	3

Cases of Infectious Disease Occurring on Vessels during the Voyage but Disposed of Prior to Arrival.—

Ministry of Health Table D.

No cases of infectious disease occurred on vessels during the voyage.

Cleansing and Disinfestation.—Eighty-five seamen discovered to be suffering from scabies were treated at the Seamen's Baths belonging to the Cardiff Corporation, their clothing also being disinfected. Eighteen vessels were found to be infested with bed-bugs, and notices were served upon the masters requiring them to take all necessary steps to eradicate the insects. Dirty and verminous beds to the number of one hundred and twenty were destroyed.

Venereal Diseases.—The numbers of cases of venereal disease dealt with at the special treatment centre for seamen at the Hamadryad General and Seamen's Hospital during the year were as follows:—

Persons attending at the Centre for the First Time					Total Attendances	Aggregate Number of In-patient Days
Syphilis	Soft Chancre	Gonorrhoea	Non-Venereal and undiagnosed Conditions	Total		
75	44	257	83	459	3,743	506

Twenty-four cases of venereal disease came to the knowledge of officers of the Authority during the year and were recommended for treatment at the centre.

Psittacosis.—Eleven parrots were dealt with under the Parrots (Prohibition of Import) Regulations, 1930, with the object of preventing the introduction of psittacosis.

V—MEASURES AGAINST RODENTS

Fumigation of vessels by hydrocyanic acid gas was carried out by private contractors under the supervision of officers of the Port Health Authority in 38 instances. The number of rats destroyed by fumigation was 339 (an average of 9 per vessel), of which 69 were submitted to the Public Health Laboratory for examination for the detection of plague.

The numbers of deratisation certificates and deratisation exemption certificates issued during the year were 38 and 150 respectively—a total of 188. The fees received by the Port Health Authority in respect of these certificates amounted to £455 14s. 0d.

A rat-catcher is employed on vessels from plague-infected ports, and on all grain-laden vessels arriving at the port, also in warehouses and other premises in the vicinity of the docks. By this means 39 rats were caught, 4 of which were examined for plague.

In order to prevent the passage of rats from ships to the shore, the use of rat-guards on mooring ropes is insisted upon, and gangways are raised at night-time whenever possible. Advice regarding the rat-proofing of vessels is given to masters and other officers of ships.

Systematic visits are paid by inspectors to quays, wharves and warehouses in the vicinity of the docks, and owners and occupiers are advised as to the best means of eradicating rodents. In most instances warehouses are reasonably rat-proof, possessing concrete floors and sliding, close-fitting doors. The importance of rendering all buildings near the docks rat-proof is constantly emphasised on owners and occupiers by the Inspectors.

Extensive baiting around the docks is undertaken systematically by the dock owners and by owners and occupiers of premises in the vicinity of the docks under the supervision of officers of the department. During the year rat-catchers employed by the dock owners laid 3,209 poison bait points—each weighing six ounces, a total of 19,254 ounces, of which 555 ounces were consumed, and 334 rats and 113 mice were found dead, the estimated total number of rats destroyed being 1,381. The number of poison baits laid by owners and occupiers of other premises in the vicinity of the docks amounted to 4,707, and 837 rats and 51 mice were found dead. A total of 1,171 rats and 164 mice were found dead as a result of these measures.

The following table shows the numbers of deratisation and deratisation exemption certificates issued in each of the past ten years:—

Year	Deratisation Certificates		Deratisation Exemption Certificates		Total
	Number	Percentage	Number	Percentage	
1939	117	29	285	71	402
1940	62	22	224	78	286
1941	41	27	109	73	150
1942	47	35	86	65	133
1943	50	42	70	58	120
1944	57	44	73	56	130
1945	65	39	101	61	166
1946	52	35	97	65	149
1947	27	21	101	79	128
1948	38	20	150	80	188

The number of fumigations of vessels, the total of dead rats found after fumigation, and the average number of dead rats found per vessel during each of the years 1939-1948 are set out below:—

Year	Number of Fumigations of Vessels	Total number of Rats found dead after Fumigation	Average number of dead Rats found per Vessel
1939	117	1,897	16.21
1940	62	817	13.18,
1941	41	380	9.27
1942	47	769	16.36
1943	50	508	10.16
1944	57	595	10.44
1945	65	716	11.02
1946	52	729	14.02
1947	27	345	12.78
1948	38	339	8.92

Ministry of Health Table G.

Measures of Rat Destruction on Plague "Infected" or "Suspected" Vessels or Vessels from Plague-Infected Ports arriving in the Port during the Year.

Total Number of such Vessels arriving 1	Number of such Vessels fumigated by S.O. 2	Number of Rats killed 3	Number of such Vessels fumigated by HCN 4	Number of Rats killed 5	Number of such Vessels on which trapping, poisoning, etc., were employed 6	Number of Rats killed 7	Number of such Vessels on which measures of Rat destruction were not carried out 8
53					1	2	52

Ministry of Health Table H.
Deratisation Certificates and Deratisation Exemption Certificates Issued during the Year.

NETT TONNAGE	Number of Ships	Number of Deratisation Certificates Issued					Number of Deratisation Exemption Certificates Issued	Total Certificates Issued	
		After fumigation with				After Trapping, Poisoning, etc.			Total
		HCN 3	Sulphur 4	HCN & Sulphur 5					
1	2						7	8	9
Ships up to 300 tons	14	—	—	—	—	—	—	14	14
„ from 301 tons to 1,000 tons	29	—	—	—	—	—	—	29	29
„ from 1,001 tons to 3,000 tons	37	9	—	—	—	—	9	28	37
„ from 3,001 tons to 10,000 tons	108	29	—	—	—	—	29	79	108
„ over 10,000 tons	—	—	—	—	—	—	—	—	—
Total	188	38	—	—	—	—	38	150	188

VI—HYGIENE OF CREW SPACES, ETC.

During the year 2,559 vessels, with a total tonnage of 2,502,077, were visited by inspectors on arrival or as soon afterwards as practicable. The number of persons in the crews carried by these vessels was 45,901. In addition, 5,335 re-inspections on ships in dock were made, and 328 orders were given to masters and others in connection with nuisances and sanitary defects.

Ministry of Health Table J.—Classification of Nuisances.

Nationality of Vessel	Number inspected during the Year	Defects of Original Construction	Structural Defects through Wear and Tear	Dirt, Vermin and Other Conditions prejudicial to Health
British	1,138	24	697	636
Other Nations	363	43	65	109

The following table shows the number of defects referred to in the preceding table which were remedied at this port:—

Nationality of Vessel	Defects of Original Construction	Structural Defects through Wear and Tear	Dirt, Vermin and other Conditions prejudicial to Health
British	20	669	624
Other Nations	27	56	90

The defects and nuisances dealt with during 1948 were as follows:—

Insufficient ventilation	31
„ lighting	10
Obsolete privies	13
Privies without water service	13
Defective ventilators	23
„ skylights and deck-lights	9
„ steam heaters, stoves, stove-pipes, etc.	111
„ sanitary conveniences, flushes, etc.	198
„ side ports, deck-prisms, etc.	140
„ bulkheads	5
„ floors	15
„ doors	20
„ bunks and bedsteads	11
„ food-lockers	29
„ baths, wash-hand basins and waste-pipes	133
„ drain pipes	6
„ hawse-pipes	1
Leaking decks	61
Verminous crew quarters... ..	172
Dirty crew quarters	210
„ messrooms	71
„ food-lockers	31
„ sanitary conveniences	89
„ bathrooms and wash-houses	76
„ fresh-water tanks	42
Foul accumulations	34
Miscellaneous	20
Total	1,574

Smoke Nuisances.—During the year vessels lying in the docks were kept under observation and in four instances it was found necessary to warn those in charge of fires on board to take proper steps to avoid creating a nuisance by the emission of black smoke.

VII—FOOD INSPECTION

The principal food imports during the year were from Australia, New Zealand and Argentina, and consisted of beef, mutton, pork, lamb, offal, butter, cheese and fresh and dried fruits. From Canada and United States of America flour, cereals, canned meats and fruit were imported, and from European countries fresh fruits and canned vegetables. In addition to these direct imports, large quantities of foodstuffs, transhipped at other ports in the British Isles, arrived by coastwise traffic.

Examination of imported food is carried out by the food inspectors in the dock-side warehouses and occasionally on board ship. If the food examined is found to be in good condition, the whole consignment is released for distribution, but if found to be diseased or unsound, the whole consignment is detained until a complete examination has been carried out. Diseased and unsound articles of food are disposed of under the supervision of the food inspectors. When necessary, samples of foodstuffs are submitted for examination.

A preliminary inspection of meat imports is carried out in the transit sheds on the dock-sides, the importers then being allowed to transfer the cargo to the local cold stores, where a further examination is made. The glandular examination of mutton and lamb carcasses weighing over 42-lb. was continued, but very few cases of caseous lymphadenitis were found.

Imported Foodstuffs.—The quantities of various kinds of foodstuffs imported during the year are shown in the following table:—

Description	Tons	Cwt.	Bags	Bales	Barrels	Boxes	Miscellaneous
Butter	1,100	0	—	—	—	24,642	—
Cheese	—	—	—	—	—	43,845	—
Edible Fat	—	—	—	—	600	—	—
Eggs	—	—	—	—	—	18,391	—
Fish, Canned	—	—	—	—	—	3,389	—
Fish, Fresh	6,169	0	—	—	—	—	—
Fish, Frozen	550	0	—	—	—	—	—
Flour	12,693	0	31,748	—	—	—	—
Fruit, Dried	—	—	—	—	—	132,091	—
Fruit, Fresh	—	—	—	—	—	1,183,068	—
Honey	—	—	—	—	—	1,636	—
Meat, Canned	—	—	—	—	—	91,170	—
Tomato Paste, Canned	—	—	—	—	—	350	—
Tomato Puree, Canned	—	—	—	—	—	300	—
Vegetables, Fresh	8,118	0	16,224	—	—	1,100	—
Vegetables, Canned	—	—	—	—	—	4,775	—
Wheat	53,693	7	—	—	—	—	—

Overseas Meat.—In addition to the foodstuffs already referred to, eight cargoes of frozen meat were imported, the quantities being as follows:—

Carcases of lamb	512,262
Carcases of mutton	105,946
Sides of pork	16,783
Legs of pork (bags)	128
Pork (boxes)	10
Quarters of beef	48,475
Hinds of beef	44,538
Fores of beef	44,516
Beef pieces (bags)	25
Beef casings (barrels)	42
Beef Cuts (bags)	1,176
Briskets of Beef (bags)	2,241

Beef Shins and Skirts (bags) ...	...	...	5,116
Hinds of veal ...	...	...	4
Sides of veal ...	...	...	61
Bone in veal (bags) ...	...	...	10,311
Beef Rumps and Loins (bags) ...	...	...	2,262
Mutton Legs and Shoulders (bags) ...	...	...	1,681
Boneless meat (bags)...	...	...	34,715
Boneless meat (packages) ...	...	...	6,162
Rabbits (boxes) ...	...	...	13,501
Poultry (boxes) ...	...	...	705
Glands (boxes) ...	...	...	92
Sundries (bags) ...	...	...	2,694
Offal (bags)...	...	...	26,795

The quantities of various kinds of foodstuffs withheld from human consumption during the year were as follows:—

			Tons	cwt.	lb.
Barley ...	...	...	—	1	40
Bicarbonate of Soda...	...	...	—	—	40
Biscuits ...	...	...	—	1	56
Cereals ...	...	...	4	3	42
Cereals and Flour ...	...	...	1	1	99
Chicken, Canned ...	...	...	—	4	51 $\frac{1}{4}$
Coffee ...	...	...	—	—	56
Condiments ...	...	...	—	—	57 $\frac{1}{2}$
Fish, Canned ...	...	...	—	14	24
Fish, Salted ...	...	...	—	—	86 $\frac{1}{2}$
Flour ...	...	...	5	10	39
Fruit, Canned ...	...	...	7	2	79
Fruit, Dried ...	...	...	1	1	3
Fruit, Fresh ...	...	...	48	16	62
Fruit Juice, Canned...	...	...	—	—	8 $\frac{1}{4}$
Glucose ...	...	...	—	1	3
Jam, Canned ...	...	...	6	2	7
Meat, Canned ...	...	...	2	4	22
Meat, Frozen ...	...	...	21	17	28
Meat, Pickled ...	...	...	—	1	88
Mixed Foods, Canned ...	...	...	—	11	78
Milk, Canned ...	...	...	2	1	89
Pepper ...	...	...	—	—	3
Rice ...	...	...	—	—	94
Sausages ...	...	...	—	—	40
Sausage Rusk ...	...	...	—	2	28
Soup, Canned ...	...	...	—	—	54
Spices ...	...	...	—	—	3 $\frac{3}{4}$
Tomato Paste, Canned ...	...	...	10	9	92
Tomato Juice, Canned ...	...	...	—	—	62
Tongue, Canned ...	...	...	—	—	4 $\frac{3}{4}$
Tongue, Frozen ...	...	...	—	—	88
Vegetables, Canned ...	...	...	2	1	1 $\frac{3}{4}$
Vegetables, Dried ...	...	...	—	2	24
Vegetables, Fresh ...	...	...	13	1	18
Vegetables, Preserved ...	...	...	—	3	20
Wheat ...	...	...	15	18	0
Yeast ...	...	...	—	—	29 $\frac{1}{2}$
Total ...	...	...	144	0	53 $\frac{1}{4}$

The Public Health (Imported Food) Regulations, 1937-1948, the Public Health (Preservatives, etc., in Food) Regulations, 1925-1948, and the Food and Drugs Act, 1938 (Section 39).—Thirty samples of imported food were submitted to the Public Analyst for analysis. The nature, country of origin, and number of samples are shown in the following table:—

Description	Country of Origin	Number of Samples
Apples	Australia	3
Apples	Italy	1
Apricots, Dried	Irak	1
Currants	Greece	1
Luncheon Meat, Canned	Argentina	1
Oranges	Palestine	3
Oranges	Spain	3
Oranges	Brazil	1
Pears, Canned	America	1
Raspberry Jam	Australia	1
Strawberry Jam	Australia	1
Sultanas	Irak	1
Sultanas	Turkey	2
Stained Mutton Cloth	New Zealand	1
Tomatoes, Canned	Italy	1
Tomato Paste, Canned	Italy	6
Tomato Puree, Canned	Italy	1
Veal Loaf	Argentina	1

Twenty-four samples were reported to be genuine or to contain preservatives within the limits prescribed by the Public Health (Preservatives, etc., in Food) Regulations, and six samples of tomato paste were reported to contain an excessive copper content. The consignment of tomato paste containing an excessive copper content was re-exported and a written guarantee was given by the consignors that the consignment would not be imported into Great Britain or Northern Ireland through any other port.

Public Health (Imported Milk) Regulations, 1926.—No fresh milk was imported during the year.

Public Health (Shell-fish) Regulations, 1934-1948.—There are no shell-fish beds or layings within the area under the jurisdiction of the Port Health Authority.

VIII—MISCELLANY

The Dangerous Drugs Regulations, 1937. No certificates were issued authorising masters of foreign ships to purchase dangerous drugs.

Diseases of Animals Acts, etc.—One hundred and sixty-three dogs, 430 cats, and 14 sheep were brought to the port on vessels. All the vessels were visited regularly during their stay in port to ensure that the requirements were observed,

MEDICAL INSPECTION OF ALIENS.

	Total	Number inspected by the Medical Inspector	Number subjected to detailed examination by the Medical Inspector	CERTIFICATES ISSUED.					Trans- migrants
				Lunatic, Idiot, or M.D.	Undesirable for medical reasons	Physically incapacitated	Suffering from acute infectious disease	Landing necessary for adequate medical examination	
(a) Total number of Aliens landing at the Port ...	117	71	32	—	—	—	—	—	—
(b) Aliens refused permission to land by Immigration Officer ...	10	—	—	—	—	—	—	—	—
(c) Transmigrants ...	—	—	—	—	—	—	—	—	—
Total Aliens arriving at the Port ...	127	71	32	—	—	—	—	—	—

Total number of vessels carrying Alien passengers ... 52
 Number of vessels dealt with by Medical Inspector ... 15

SCHOOL HEALTH SERVICE

I—STAFF

The proportion of medical staff time devoted to the School Health Service is equivalent to five whole-time medical officers. In the Dental Service seven whole-time Dentists are employed and seven Dental Clerk-Attendants, an additional Dentist and a Dental Clerk-Attendant having been appointed in September, 1948. The duties of Health Visitors and School Nurses have been amalgamated, and these officers are now designated "Health Nurses." Their salaries are pooled and the proportion charged to the School Health Service is 42 per cent. of the total. Two whole-time Speech Therapists and two Orthoptists are also employed. During the year one orthoptist resigned and had not been replaced at the end of the year.

II—MEDICAL INSPECTION

The average number of schoolchildren and the average attendance for the year ending March, 1948, were as follows:—

	Average Number on Registers	Average Attendance
High Schools	4,889	4,537
Primary Schools... ..	27,639	24,180
Special Day Schools	320	254
Severn Road Nursery School	116	95
Total	32,964	29,066

The number of schoolchildren inspected at periodic medical inspections at schools during 1948 were as follows:—

Group	Boys	Girls	Total
PRESCRIBED GROUPS:—			
Entrants (within 12 months of admission)	1,128	947	2,075
Second Age Group (at 10 plus years)	1,745	1,748	3,493
Third Age Group (at 14 plus years—Primary Schools)	691	697	1,388
Third Age Group (at 15 plus years—High Schools) ...	459	341	800
Total	4,023	3,733	7,756
OTHER PERIODIC GROUPS:—			
Entrants to High Schools	486	324	810
Special Schools... ..	148	110	258
Entrants to other Secondary Schools	151	—	151
Total	785	434	1,219
Grand Total	4,808	4,167	8,975

The number of schoolchildren specially inspected and the number of re-inspections undertaken were as follows:—

					Boys	Girls	Total
Special Inspections	{	At School ... ..	...	...	82	80	162
		At School Clinic ... ..	...	...	2,059	2,213	4,272
	Total				2,141	2,293	4,434
Re-inspections	{	At School ... ..	...	...	39	49	88
		At School Clinic ... ..	...	...	1,430	1,719	3,149
	Total				1,469	1,768	3,237

III—FINDINGS OF MEDICAL INSPECTION

The following table shows the number of individual children found at periodic medical inspection to require treatment (excluding defects of nutrition, uncleanness and dental disease):—

Prescribed Groups					Found to require Treatment	
					Number	Percentage
Entrants	...	...	...	...	505	24.3
Second Age Group	...	...	...	...	706	20.2
Third Age Group	...	...	...	...	336	15.4
Total	...	...	...	...	1,547	20.0
OTHER PERIODIC GROUPS:—						
Entrants to High Schools	...	...	...	...	129	15.9
Special Schools	...	...	...	...	62	24.0
Entrants to other Secondary Schools	...	...	...	...	11	7.3
Total	...	...	...	...	202	16.6
Grand Total	...	...	...	...	1,749	19.5

The percentages of children found to require treatment showed a decrease in a number of Age-groups. Defective vision, squint and other eye defects formed nearly a third of the total defects requiring treatment.

The defects found by the medical inspection of 8,975 children at the periodic medical inspections and of 4,434 at special inspections were as follows:—

Code No.	DISEASE OR DEFECT				PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
					No. of Defects		No. of Defects	
					Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
4	SKIN:—							
	Ringworm	Scalp	...	...	3	—	56	—
		Body	...	...	9	—	99	6
	Scabies	...	...	...	22	2	17	—
	Impetigo	...	...	...	50	3	72	—
	Other	...	...	...	60	35	250	35
5	EYES:—							
	Vision	...	...	...	545	36	72	3
	Squint	...	...	...	79	28	13	2
	Other	...	...	...	45	6	84	5
6	EARS:—							
	Hearing	...	...	...	44	22	22	4
	Otitis Media	...	...	...	22	12	27	—
	Other	...	...	...	42	12	66	13
7	NOSE OR THROAT				199	365	468	163
8	SPEECH				35	19	30	17
9	CERVICAL GLANDS				32	127	56	48
10	HEART AND CIRCULATION				51	71	91	39
11	LUNGS				92	108	157	99
12	DEVELOPMENTAL:—							
	Hernia	...	...	...	6	6	10	—
	Other	...	...	...	4	17	3	—
13	ORTHOPAEDIC:—							
	Posture	...	...	...	70	45	28	1
	Flat Foot	...	...	...	252	68	44	6
	Other	...	...	...	125	58	168	31
14	NERVOUS SYSTEM:—							
	Epilepsy	...	...	...	4	7	4	5
	Other	...	...	...	27	13	119	32
15	PSYCHOLOGICAL:—							
	Development	...	...	...	14	20	28	6
	Stability	...	...	...	3	13	25	1
16	OTHER DISEASES AND DEFECTS				190	69	1,661	167
	Total	...	...	...	2,025	1,162	3,492	664

Nutrition.—The following is a classification of the nutrition of children medically inspected:—

AGE GROUPS	Number of Children Inspected	A (Good)		B (Fair)		C (Poor)				
		Num- ber	Per- cent- age	Num- ber	Per- cent- age	Num- ber	Per- cent- age			
PRESCRIBED GROUPS:—										
Entrants	2,075	864	41.6	1,166	56.2	45	2.2			
Second Age Group	3,493	742	21.2	2,533	72.5	218	6.3			
Third Age Group	2,188	681	31.1	1,408	64.4	99	4.5			
Total	7,756	2,287	29.5	5,107	65.8	362	4.7			
OTHER PERIODIC GROUPS:—										
Entrants to High Schools	810	263	32.5	531	65.5	16	2.0			
Entrants to other Secondary Schools	151	78	51.7	73	48.3	—	—			
Special Schools	258	24	9.3	196	75.6	39	15.1			
Total	1,219	365	30.0	799	65.5	55	4.5			
Grand Total	8,975	2,652	29.5	5,906	65.9	417	4.6			

Scabies.—The number of cases of scabies found amongst schoolchildren during the past nine years will be seen from the following figures:—

<i>Year.</i>	<i>Cases found at Periodic Inspections.</i>	<i>Cases found at Special Inspections.</i>
1940	11	193
1941	58	470
1942	161	1,165
1943	140	556
1944	79	242
1945	63	74
1946	21	71
1947	36	63
1948	22	17

Special efforts have been made to reduce the incidence of scabies. Every known case is investigated by the health nurses, and private practitioners are invited to assist by notifying on a special form all cases coming to their notice. Children are treated at the school clinics where there are baths, or at other Corporation Treatment Centres, and every effort is made to effect the attendance for inspection and, where necessary, treatment of other members of the family. Satisfactory treatment results have been achieved with a preparation of Benzyl Benzoate. There was a considerable reduction in the number of new cases of Scabies amongst schoolchildren, and the total number of cases treated (Adults, Scholars and Infants) greatly diminished.

During the year the total number of schoolchildren treated by the nurses at the Treatment Centres was 255, the number of attendances being 523.

IV—"FOLLOWING UP" AND THE WORK OF HEALTH NURSES

A summary of the work of the health nurses in connection with domiciliary visitation is given in the following table:—

Disease or Defect	First Visits	Revisits	Total
Defects of vision	501	126	627
Defects of teeth	123	—	123
Defects of ear, nose and throat ...	321	52	373
Other defects and diseases... ..	1,720	257	1,977
Scabies	137	—	137
Total	2,802	435	3,237

The following is a summary of work done by the nurses in connection with uncleanliness during the year:—

Number of—

Special visits to schools	624
Examinations of children for uncleanliness ...	61,183
Children found with vermin and/or nits	3,960
Re-examinations of children previously found with vermin and/or nits	5,663
Children found to be free from vermin and nits ...	1,401
Children for whom cleansing notices issued ...	3,854
Children for whom cleansing orders issued ...	260

V—TREATMENT

Particulars of the treatment of minor ailments, visual defects, external eye diseases, ear, defects of nose and throat, dental defects, and of orthopaedic and postural defects are given in the following tables:—

(a) *Minor Ailments.*

DISEASE OR DEFECT	Number of Defects treated or under treatment during the year under the Authority's Scheme	Total number of attendances at Clinics
SKIN:—		
Ringworm—Scalp—		
(i) X-ray Treatment	3	
(ii) Other	56	
Ringworm—Body	126	
Scabies	310	
Impetigo	304	
Other Skin Diseases	343	
MINOR EYE DEFECTS:—		
(External and other, but excluding cases falling in Group II)	158	
MINOR EAR DEFECTS	145	
MISCELLANEOUS		
(e.g., minor injuries, bruises, sores, chilblains, etc.) ...	2,932	
Total	4,377	12,958

Particulars of the work carried out by the Queen's Institute of District Nursing in connection with the home nursing and treatment of minor ailments are given in the following table:—

Diseases or Defects	Cases Carried over from 1947		Cases Referred for Treatment during 1948		Total	
	Cases	Visits	Cases	Visits	Cases	Visits
Skin:—						
Impetigo... ..	1	—	10	114	10	114
Other skin diseases	1	23	3	38	4	61
Minor eye defects	—	—	3	19	3	19
Minor ear defects	—	—	8	208	8	208
Miscellaneous	1	4	15	43	16	47
Total	2	27	39	422	41	449

(b) *Defective Vision and Squint.*

DISEASE OR DEFECT	Number of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	2,452	—	2,452
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	457	—	457
Total	2,909	—	2,909

DISEASE OR DEFECT	Number of Children for whom Spectacles were			
	Prescribed		Obtained†	
	Under the Authority's Scheme	Otherwise	Under the Authority's Scheme	Otherwise
Errors of Refraction (including Squint) ...	2,123	—	1,650*	124

† Period to 4th July, 1948.

* including 353 lenses only and 277 repairs.

Ophthalmic Operations.—Fifty-one operations were performed at Llandough Hospital during the year by the Ophthalmic Surgeon (30 of them being for the correction of squint), and 123 further cases were on the waiting list at the 31st December.

The Orthoptic Clinic was established in December, 1944, for the treatment of Strabismus (Squint), and the short statistical table and report appearing below, summing up the work of the Clinic during 1948 has been prepared by the Orthoptist:—

Patients accepted for treatment:

Schoolchildren	...	...	...	222
Children under school age	...	...	...	40
Glamorgan cases	...	...	...	1
Total	...	...	...	263

Patients discharged:

With binocular single vision	...	...	...	18
Cosmetically straight	...	...	...	20
Unsuitable for treatment	...	...	...	28
Failing to attend treatments	...	...	...	38
Left district	...	...	...	3
Total	...	...	...	107

Patients under weekly treatment at end of 1948:

Regular weekly treatment	...	...	...	30
Under monthly supervision awaiting treatment or having monthly occlusion	...	...	...	151
Under supervision awaiting operation	...	...	...	106
Reporting 3-6 monthly until old enough for treatment	...	...	...	30
Total	...	...	...	317

Patients referred, awaiting appointments 112

Operations performed 30

Number of Attendances:

Schoolchildren	...	...	...	2,719
Under school age	...	...	...	120
Glamorgan County cases	...	...	...	69
Total	...	...	...	3,908

For six months during 1948 there were two Orthoptists working at this Clinic so the number of treatments given and cases taken on was greatly increased and the waiting list for exercises reduced from 432 at the end of 1947 to 112 at the end of 1948.

Though the general waiting list was greatly decreased, the waiting list for operations was increased from 47 to 106 at the end of 1948. At the present rate of operations which is only 30 a year (due to lack of beds) this means a wait of over 3 years for the patients. The main reason for the increased waiting list is that many of the children referred for exercises were too old by the time they could be treated and the only thing possible was operative treatment.

Eighteen cases were discharge completely cured and twenty as cosmetically straight, meaning that the eyes are to all appearances normal but on close examination are not actually working together, owing usually to the fact that either it is not possible to bring up the vision in the squinting eye by patching and thus no binocular vision can be developed, or because the age of onset was so early (possibly birth) that there was never any fusion faculty developed,

(c) *Defects of Ear, Nose and Throat.*

	EAR	NOSE AND THROAT	
		Tonsils and Adenoids	Other Defects
Received Operative Treatment:—			
Under the Authority's Scheme, in Hospital ...	18	512	10
By Private Practitioner or Hospital, apart from the Authority's Scheme ...	—	—	—
Total ...	18	512	10
Received other forms of treatment ...	346	145	
Total number of children examined ...	651	1,683	
Attendances at Clinics ...	1,295	2,891	

Waiting list for Operative Treatment at 31st December, 1948:—

Tonsils and Adenoids—Urgent ...	401	
Ordinary ...	657	
		1,058
Other ear, nose and throat conditions ...	...	18
		1,076

Mr. D. W. Elliot, the Senior Dental Officer, has written the following report:—

The Dental Staff now consists of seven Dental Officers and seven Dental Clerk-Attendants, an additional Dental Officer and Dental Clerk-Attendant having commenced duties in September, 1948.

The number of children on the registers of the Primary Schools was 27,639, and on the registers of the High Schools 4,889.

19,857 Primary School pupils received a routine dental inspection at school. In addition, 1,269 Specials were examined, making a total of 21,126 inspected, 76.5% of those on the registers of the Primary Schools.

12,358 or 58.5% of these primary school pupils required treatment (in 1947 it was 55%).

11,084 routine and special cases were treated giving an acceptance rate of 89.7% (in 1947 it was 68.1%).

20,046 attendances were made for treatment, an average of 8.5 per session (in 1947 it was 7.7 per session).

8,596 permanent fillings were completed. The number of permanent extractions was 2,721, a ratio of 3.2 permanent teeth saved to each permanent tooth lost (in 1947 it was 2.6).

Orthodontics.—There has been a substantial increase in the number of appliances fitted, 224 compared with 128 in 1947.

120 sessions were devoted to this branch of the dental service.

As orthodontics is a special branch of dentistry, I would like to suggest that one of the dental officers be recommended to attend a post-graduate course in orthodontics and X-rays.

Clinics.—It is pleasing to report that a new suite of dental rooms will be opened at the Ely Clinic early in 1949. The Ely district will therefore be well catered for with two Dental Officers in attendance.

A new dental clinic is also to be opened shortly at 30 Richmond Road. This will be of great benefit to the public in the Roath, Penylan and Cyncoed districts who are at present obliged to attend at the inconveniently-situated clinic in Corbett Road.

A dental clinic is urgently required at Rumney, parents frequently complain of the great inconvenience entailed in visiting the Splott Clinic for dental treatment.

Incidence of Dental Caries.—In the Report of the Chief Medical Officer of the Ministry of Education for the years 1939—1945, school dental officers were invited to take part in an investigation on the incidence of dental caries so that figures may be available for comparison with those of future years.

Children were inspected who had reached 5 years but not 6; 500 children were to be inspected from a variety of schools.

The findings were to be expressed as:—

- (a) Average number of D.M.F. deciduous teeth per child inspected, and
- (b) Percentage of children showing no D.M.F. deciduous teeth.

(D=Decayed, M=Missing, F=Filled)

The investigation carried out in Cardiff resulted as follows:—

Average number of D.M.F. deciduous teeth per child inspected=3.4

Percentage of children showing no D.M.F. deciduous teeth=33%

Dr. Wynne carried out, on behalf of the Ministry, similar investigations in a few selected areas.

For comparison with the Cardiff figures, Dr. Wynne's figures are as follows:—

Average number of D.M.F. deciduous teeth per child inspected=4+

Percentage of children showing no D.M.F.=20%

An investigation on similar lines was carried out in Cardiff on 500 children of 12 years.

The findings were as follows:—

Average of D.M.F. permanent teeth per child inspected=2.3

Percentage of children showing no D.M.F.=22%

These interesting figures have been forwarded to the Ministry of Education.

The full statistical table of the school dental work carried out during 1948 is as follows:—

(d) *Dental Inspection and Treatment.*

(1) Number of Children inspected by the Dentists:—

		<i>Aged</i>	
(a) Periodic Age-groups	{	2	...
		3	...
		4	...
		5	...
		6	...
		7	...
		8	...
		9	...
		10	...
		11	...
		12	...
		13	...
		14	...
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(b) Specials	1,269
(c) High Schools (at School 898, at Clinics 2,562)	3,460
Grand Total				24,586
(2) Found to require treatment	...	...	...	14,617
(3) Actually treated	...	...	...	13,436*
(4) Attendances made by children for treatment	...	...	...	20,046
(5) Half-days devoted to:—				
Inspection	...	...	...	121
Treatment	...	...	...	2,665†
Total				2,786
(6) Fillings:—				
Permanent teeth	...	...	...	8,596
Temporary teeth	...	...	...	496
Total				9,092
(7) Extractions:—				
Permanent teeth	...	...	...	2,721
Temporary teeth	...	...	...	15,139
For Regulation purposes (perm.)	...	...	...	690
Total				18,550
(8) Administrations of general anaesthetics for extractions	...	...	...	9,045
(9) Other operations—Permanent teeth:—				
(a) Scalings	...	...	...	526
(b) Cleanings	...	...	...	2,211
(c) Dressings	...	...	...	709
(d) Root fillings	...	...	...	54
(e) X-Rays	...	...	...	31
(f) Dentures provided	...	...	...	69
(g) Crowns	...	...	...	26
(h) Gum treatment	...	...	...	272
Total				3,898
Temporary Teeth	...	...	...	54
(10) Regulation appliances	...	...	...	224
Attendances	...	...	...	1,299
Cases completed	...	...	...	70

* Including 8090 who had received treatment previously

† Includes 310 anaesthetic sessions by Dental Officers

(e) *Orthopaedic and Postural Defects.*

	Under the Authority's Scheme			Otherwise			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
Number of children treated ...	37*	2	905	—	—	—	944

* Also treated at an Orthopaedic Clinic.

The following is a summary of the work carried out at the orthopaedic clinic:—

Number of children examined for the first time	...	472
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Recommendations for:—

Treatment in Hospital	16
Treatment at Clinic (Special and Routine)	216
Application of plaster at Clinic	...	...	...	12
Appliances	...	...	...	17
Alterations to appliances	...	...	...	2
Alterations to boots	...	...	...	316
Special Boots	...	...	...	—
Other forms of treatment	...	...	...	—
Attendances at Clinic	...	...	...	1,881
Discharged, or failed to attend for treatment	...	...	...	637

Routine Treatments:—

Massage	...	...	...	...	450
Infra Red Ray	...	...	...	...	159
Faradism	...	...	...	...	16
Exercises for					
Posture	...	...	...	...	1,458
Foot Defects	...	...	...	...	996
Asthma	...	...	...	...	425
Re-education of spastics or after poliomyelitis	...	...	...	...	992
Application of plasters	...	...	...	...	65
Manipulations	...	...	...	...	293
Strapping	...	...	...	...	108
Total of treatment given					4,962

Number attending for treatment for first time	...	51
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The following statement relates to treatment at and provision of appliances, etc., through the Prince of Wales' Hospital, Cardiff:—

<i>Hospital Treatment:—</i>	<i>Children of School Age.</i>
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Admitted to Prince of Wales' Hospital—

(a) Day cases	1
(b) Other cases	30
Under treatment at Prince of Wales' Hospital at end of 1948	14
On Prince of Wales' Hospital waiting list at end of 1948—				
(a) Day cases	...	...	...	6
(b) Other cases	...	...	...	167

*Other treatment or provision (including appliances, etc.,
provided following hospital treatment):—*

Appliances provided	...	...	...	69
Appliances altered	...	...	...	66
Alterations to boots	...	...	...	733
Special boots provided	...	...	...	3

Heart Disease and Rheumatism.—The treatment of children suffering from heart disease and rheumatism was, prior to the 5th July, 1948, carried out under the aegis of the Health Committee of Cardiff City Council. The number of schoolchildren under supervision at the end of the year was 560.

Radiography.—The number of children referred for radiography was 64, the total number of radiograms taken being 175.

Ringworm of the Scalp.—There has been an increase in the number of children suffering from ringworm of the scalp and special facilities for its diagnosis and treatment have been made. Altogether, 59 children were treated during the year and in all but 15 cases the ringworm was of a type that yielded to treatment without the need for X-ray therapy. It became necessary to refer these cases, which were of the chronic type, to the Radiotherapy Department of the Cardiff Royal Infirmary.

VI—INFECTIOUS DISEASES

The numbers of schoolchildren ascertained to be suffering from infectious diseases during the year were as follows:—

Scarlet Fever ...	...	...	...	432
Whooping Cough ...	...	...	...	206
Diphtheria ...	...	...	...	1
Measles ...	...	...	...	675
Acute Pneumonia ...	...	...	...	32
Cerebro-Spinal Fever ...	...	...	...	6
Acute Poliomyelitis ...	...	...	...	7
Polio-encephalitis ...	...	...	...	—
Dysentery ...	...	...	...	53
Enteric Fever ...	...	...	...	—
Tuberculosis—Respiratory ...	...	...	...	27
„ —Other Forms ...	...	...	...	13
Chickenpox ...	...	...	...	350
Erysipelas ...	...	...	...	3

VII—PROVISION OF MEALS

Kitchens are in operation at Maindy, Taffs Well, Tremorfa, Ely, Cardiff High School, Canton High School for Girls, Greenhill Open Air School and Gabalfa Special School.

Canteens.—Facilities are available at 85 School Canteens for providing mid-day meals for 10,000 children daily.

The number of children attending primary, high, special, and nursery schools provided with dinners and/or milk during the first and last complete weeks of 1948 were as follows:—

	<i>First complete Week, 1948.</i>	<i>Last complete Week, 1948.</i>
Average number of necessitous children provided with dinner daily free ...	1,487	1,618
Average number of children provided with milk daily free ...	29,261	29,334
Average number of children provided with dinner daily on payment ...	6,754	6,827

VIII—HANDICAPPED PUPILS

The numbers of handicapped pupils known to the department at 31st December, 1948, are shown in the following table.

BLIND CHILDREN:—

At Special Schools for the Blind ...	5
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PARTIALLY SIGHTED CHILDREN:—

At Special Schools for the Partially Sighted	20
At no School or Institute	...	...	—
At maintained Schools ...	...	...	6
At independent Schools	...	...	—
Total	...	...	26

DEAF CHILDREN:—

At Certified Schools for the Deaf	...	...	21
At no School ...	...	...	—
At Residential Schools	...	...	2
Total	23

PARTIALLY DEAF CHILDREN:—

At Special Schools for the Partially Deaf	2
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CHILDREN SUFFERING FROM EPILEPSY:—

At Maintained Schools	4
At Residential Schools	2
Total	...	...	6

CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS:—

At Special Schools	...	...	7
At Maintained Schools	...	...	12
At other Institutions	...	...	7
At no School or Institution	...	...	6
Total	...	...	32

CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS:—

At Special Schools	...	...	12
At Maintained Schools	...	...	18
At other Institutions	...	...	4
At no School or Institution	...	...	10
Total	...	...	44

DELICATE CHILDREN (Children who, by reason of impaired physical condition, cannot without risk to their health be educated under the normal regime of an ordinary school):—

At Special Schools	128
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PHYSICALLY HANDICAPPED CHILDREN:—

At Special Schools	1
At Maintained Schools	15
At no School or Institution	...	...	...	10
Total	...	...	...	26

EDUCATIONALLY SUBNORMAL CHILDREN:—

At Special Schools	...	...	...	174
At Maintained Schools	...	...	...	259
At Independent Schools	...	...	...	3
At no School or Institution	...	...	...	3
Total	...	...	...	439

MALADJUSTED CHILDREN:—

At Maintained Schools ...	...	...	...	11
In Special Schools ...	...	...	...	4
At Hostel ...	...	...	...	3
Awaiting Admission to Hostels or Special Schools ...				3
Total ...				21

CHILDREN WITH MULTIPLE DISABILITIES (Children suffering from two or more of the above categories) ... 32

Educationally Subnormal Children.—Two hundred and forty-two children reported to be educationally subnormal were specially examined or re-examined. The results are classified as follows:—

Educationally subnormal and suitable for education in a day special school ...	...	...	...	41
Educationally subnormal and suitable for education in a residential special school ...	...	...	...	6
Transferred to the care of the Local Authority ...				47
Educationally subnormal (to attend special class) ...				70
Educationally subnormal but suitable for ordinary class in primary school ...	...	...	...	62
Retarded only ...	...	...	...	1
Not educationally subnormal ...	...	...	...	1
Not educationally subnormal but requiring speech therapy and orthodontic treatment ...				1
Found to be physically handicapped requiring residential school ...	...	...	...	2
Found to be physically handicapped to remain in primary school ...	...	...	...	1
Found to be physically handicapped and educationally subnormal to remain in primary school for present				3
Maladjusted—To continue primary school ...	...	...	...	1
„ —For special school ...	...	...	...	1
Maladjusted and educationally subnormal—To remain in primary school ...	...	...	...	1
Epileptic—For special school ...	...	...	...	1
Deaf Mute—For special school ...	...	...	...	1
Retarded—To attend nursery class and observe ...				1
Educationally subnormal—To await reports from Vision and Ear/Nose and Throat Clinics ...				1
Total ...				242

Forty-five children were notified to the Local Authority during 19'8 in accordance with Section 57 of the Education Act, 1944.

“Delta” Classes.—At the end of the year, 61 children (49 boys and 12 girls) were attending the special classes for educationally retarded children, which are known as “delta” classes and which are held at two primary schools.

Greenhill Open-air School.—The number of delicate children on the register at the end of the year was 128 and the average attendance during the year was 101. Sixty-seven children (39 boys and 28 girls), were admitted to the school, and 68 (37 boys and 31 girls) were discharged.

IX—NURSERY SCHOOL AND NURSERIES

Severn Road Nursery School.—During the year the average number of children on the register of Severn Road Nursery School was 118, the average attendance being 94.

There are seven Day Nurseries and two Nursery Classes in the City, situated as follows:—

Day Nurseries: —1.	GRANGETOWN	...	...	Ferry Road.
2.	SPLOTT	...	...	Moorland Road.
3.	ELY	...	...	Vachell Road.
4.	SPLOTT (Tremorfa)	...	...	Baden Powell School.
5.	ELY	...	...	Hywel Dda School.
6.	SOUTH (Docks)	...	...	West Yard, Bute Street.
7.	RUMNEY	...	...	Rumney Council School.

Nursery Classes: —1.	NINIAN PARK	...	...	Ninian Park Council School.
2.	GABALFA	...	...	Viriamu Jones Council School.

Accommodation is provided at the Nurseries for a total of 12 children under two years of age, and 347 children aged 2—5 years. At the Nursery Classes 80 children aged 2—5 years can be accommodated. A Nurseries' Organiser is in charge of all the Nurseries and Health Nurses from the Public Health Department devote two half-days weekly to each centre. A Medical Officer visits the Nurseries at intervals of approximately once a month for the purpose of medically inspecting new entrants, etc.

The number of children medically inspected during 1948 as "Entrants" to the Nursery School, Day Nurseries, and Nursery Classes was 319 (175 boys and 144 girls), and the defects found (excluding uncleanliness, dental caries and defects of nutrition) were as follows:—

Disease or Defect	Number of Defects	
	Treatment Required	Requiring to be kept under Observation only
SKIN:—		
Ringworm Scalp	—	—
Ringworm Body	—	—
Scabies	—	—
Other Diseases	5	4
EYE:—		
Defective Vision	—	1
Squint	4	3
External Eye Disease	—	—
Other Eye Disease	—	—
EAR:—		
Defective Hearing	—	—
Otitis Media	1	—
Other Diseases	—	—
NOSE AND THROAT	5	42
DEFECTIVE SPEECH	—	—
ENLARGED CERVICAL GLANDS	—	7
HEART AND CIRCULATION	2	3
LUNGS	4	2
DEVELOPMENT:—		
Hernia	1	—
Other	—	—
ORTHOPAEDIC:—		
Posture	3	4
Flat Foot	2	1
Other	12	8
NERVOUS SYSTEM:—		
Epilepsy	—	—
Other Conditions	2	—
PSYCHOLOGICAL:—		
Development	2	1
Stability	—	—
TEETH:—		
Dental Diseases	—	—
OTHER DEFECTS AND DISEASES	4	6
Total	47	82

The number of children referred for medical treatment was 40.

The following is a classification of the nutrition of the children inspected:—

	<i>Number</i>				<i>Percentage</i>	
A (Good)	54	...	16.9
B (Fair)	233	...	73.1
C (Poor)	32	...	10.1

Eight children were found to be unclean.

X—MISCELLANY

Classes for Speech Training.—The total number of children dealt with during the year was 218. The numbers admitted and discharged were 108 and 117 respectively. Of the 117 children discharged, 31 were withdrawn by their parents without having completed treatment. The classification at the time of discharge of the remaining 86 were as follows:—

Provisionally cured	...	...	...	...	57
Discharged temporarily	...	...	...	...	8
Unsuitable for instruction	...	...	...	...	11
Left the district	...	...	...	...	6
Left school	...	...	...	...	4
Total	...	...	...	...	86

At the end of the year head teachers were asked to supply reports regarding scholars who had passed through the special classes and who were still attending school. The replies received indicated that, in the majority of cases, the good results obtained in the classes were sustained.

The Speech Therapists, Miss M. Morris and Miss P. Griffiths (an additional Speech Therapist appointed in September, 1947), made 167 routine visits to schools and to the homes of children.

Child Guidance Clinic.—The following is a summary of the work of the Child Guidance Clinic:—

(1) Number of patients referred to the Clinic during the year:—

Boys	...	...	...	...	...	103
Girls	...	...	...	...	...	69
Total	...	...	...	...	...	172

(2) Number of patients carried forward from 1947:—

Boys	...	...	...	...	...	149
Girls	...	...	...	...	...	94
Total	...	...	...	...	...	243

(3) Sources of ascertainment of patients actually dealt with for the first time:—

Parents or Guardians	...	...	...	...	19
Juvenile Court	...	...	...	...	5
Social Agencies	...	...	...	...	7
Schools	...	...	...	...	43
School Health Service	...	...	...	...	87
Other sources	...	...	...	...	9
Probation Officers	...	...	...	...	2
Private Medical Practitioners	...	...	...	...	6
Total	...	...	...	...	178

(4) Problems for which patients were referred to the Clinic:—

Nervous Disorders:—

Fears ...	...	...	...	...	12
Seclusiveness	...	...	...	...	5
Depression	...	...	...	...	4
Excitability	...	...	...	...	2
Apathy ...	...	...	...	...	1
Obsessions	...	...	...	...	1

Habit Disorders and Physical Symptoms:—

Speech Disorders ...	...	...	...	...	4
Sleep ...	...	...	...	...	13
Movement	...	...	...	...	10
Feeding ...	...	...	...	...	2
Excretory	...	...	...	...	43
Nervous pains and paralysis	...	...	...	...	8
Fits disorders	...	...	...	...	4

Behaviour disorders:—

Unmanageable	...	...	...	...	31
Temper	...	...	...	...	12
Aggressiveness	...	...	...	...	7
Jealous ...	...	...	...	...	1
Demanding attention	...	...	...	...	1
Stealing ...	...	...	...	...	21
Lying and romancing	...	...	...	...	6
Truancy	...	...	...	...	15
Sex difficulty	...	...	...	...	6

Education and Vocational difficulties:—

Backwardness	...	...	...	...	39
Inability to concentrate	...	...	...	...	13
Inability to keep jobs	...	...	...	...	1
Special disabilities	...	...	...	...	3

For special examination:—

Psychological examination ...	...	...	...	—
Educational advice	...	...	...	—
Vocational guidance	...	...	...	2
Court examination	...	...	...	—
Admissions to Special (not M.D.) residential	...	...	...	—
school, etc.	...	...	...	—
Placement in Foster Homes	...	...	...	—
Adoption	...	...	...	—

(5) How the patients were dealt with:—

Service of Clinic	...	...	...	...	92
Diagnosed only ...	...	...	...	...	86
Total	...	...	...	...	178

(6) Results of treatment of patients discharged:—

Advisory	...	...	...	...	86
Adjusted	...	...	...	...	33
Partially adjusted	...	...	...	...	11
Unadjusted	...	...	...	...	34
Transferred to other agencies	...	...	...	...	30
Unsuitable for further treatment	...	...	...	...	3
					—
Total	...	...	...	...	197
					—

(7) Number of patients waiting to be dealt with at end of year:—

Boys	...	...	...	...	21
Girls	...	...	...	...	21
					—
Total	...	...	...	...	42
					—

(8) Work of Sections:—

(a) *Psychiatric*:—

New patients dealt with	...	...	...	113
Treatment interviews	...	...	...	84
Interviews with parents	...	...	...	104
School visits	...	...	...	1
Other interviews	...	...	...	12
Home visits	...	...	...	2

(b) *Psychological*:—

New patients dealt with	...	...	...	33
Re-examinations	...	...	...	19
Remedial teaching	...	...	...	—
School visits	...	...	...	3
Interviews with parents	...	...	...	16
Other interviews	...	...	...	1

(c) *Social Service*:—

Interviews with parents, etc., at Clinic	...	...	209
Visits to homes of patients	...	...	187
School visits concerning patients	...	...	199
Other visits concerning patients	...	...	69

(9) Staff conferences regarding patients ... 625